

**Justin Chaffee**  
**Recreation Director**  
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55A Main Street  
P.O. Box 67  
Center Ossipee, NH 03814

## **ADULT PROGRAM/ACTIVITY REGISTRATION FORM**

PROGRAM/ACTIVITY REGISTERING FOR: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ PHONE: \_\_\_\_\_

Are you currently on any medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Allergies, Disabilities, or illness that would affect participation (PLEASE INCLUDE FOOD ALLERGIES): Yes ( ) No ( )

Please explain: \_\_\_\_\_

Ossipee Parks & Recreation has permission to use photos in which I appear: Yes ( ) No ( )

In the event of an emergency, it is mandatory to have your permission to call the Rescue Squad/Ambulance to aid/or transport you to the nearest hospital/clinic. I/we give permission, in the event of an emergency, to be aided or transported by Rescue Squad/Ambulance to the nearest hospital/clinic and to be treated by a medical professional. I authorize coaches, instructors, and/or the rescue personnel to authorize any medical professional at the hospital/clinic to provide treatment as they, the medical professional, or the hospital/clinic deem necessary if contact cannot be made with me to supply authorization for treatment. By registering for this program, you are agreeing to these terms.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_