

Pickleball Yoga ZENgevity Coed Softball Men's Basketball Art



New Boston Recreation Registration Form
5 Meetinghouse Hill Road, PO Box 382
New Boston NH 03070
Phone: 603.487.2880 ~ Fax: 603.487.2887
www.newbostonnh.gov/recreation

(Circle Activity)

Pickleball

Yoga

ZENgevity

Coed Softball

Men's Basketball

Art Classes

Cost _____ Payment _____ \$ CC CK

Participant's Name: _____

Address: _____

Email Address: _____ Phone: _____

Emergency Contact Name/Phone: _____

Special Medical Information/Allergies: _____

Medical Insurance Company _____

In the event of an emergency, I authorize the New Boston Recreation Department and its agents/employees to obtain such medical care as they deem necessary to treat myself, including but not limited to treatment by New Boston Recreation Department employees or emergency medical technicians.

In consideration of the permission granted to the participant named above to participate in New Boston Recreation Programs, We shall release, waive, discharge, and covenant not to sue the New Boston Recreation Commission or the Town of New Boston, their agents and employees from liability for any loss or damage, and any claim or demands thereof on account of injury to the person or property, or resulting in death of the named participant, whether caused by the negligence of their agents and employees or otherwise while the named participants in the Recreation Programs.

By signing below, I also give permission to have my picture taken for the purpose of NB Recreation publicity in local media and/or Town of New Boston website.

Signature _____