



Farmington Parks and Rec. Department

General Registration Form

Please write as neat as possible!

(Attached is a medical form that must be filled out prior to participating in any programs with the Farmington Parks and Recreation Department)

Participant Information

Participants Name:	Date of Birth: / / <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Contact Person 1/(Mother- Parent/Guardian 1) Name Home phone: Work Phone:	<i>(Only fill in if under 18)</i> School: _____ Grade _____ & Age _____ as of Sept. 2008
Contact Person 2/(Father- Parent/Guardian 2) Name Home phone: Work Phone:	E-mail Address: Contact person for above e-mail address: <input type="checkbox"/> add me to the e-mail list.
Please list all persons you will permit to pick your child up from programs: (Please make sure that these individuals know that they will have to show a picture ID when picking up your child. We will not permit your child to leave with anyone that is not listed here.):	
Street/Mailing Address: <input type="checkbox"/> add me to the mailing list.	City: State : Zip:

<u>Program Name</u>	<u>Dates of Activity</u>	<u>Other Information</u>	<u>Fee</u>

(Payment in the form of Cash or Check is due in full at time of registration) **Total Enclosed:** _____

Waiver: All persons participating in the Parks and Recreation Department programs do so at their own risk and without recourse to the Town of Farmington, its agents, officers or employees.

Your Check#					

Signed by Participant/Parent/Guardian: _____ **Date:** _____
(If Participant is under 18 must be signed by legal Parent/Guardian).

Bring this Registration Form along with payment or a check made payable to Farmington Parks and Recreation Department to the Recreation Department Office located at 531 Main Street **OR**

Mail this form along with full payment to:
Farmington Parks and Recreation Department
531 Main Street, Farmington, NH 03835

Director: Donald Gagnon dgagnon@metrocast.net
Asst. Director: Brian Deveau bdeaveau@metrocast.net
Program Coordinator: Carla Smith csmith@metrocast.net
PT-Senior Programs: Kellie Chase kchase@metrocast.net

For more information!
Phone: (603) 755-2405 Fax: (603-755-9712)
Visit us on the web: www.farmington.nh.us
Office Hours: Monday-Friday 7:00am-5:30pm