



# DOVER RECREATION PLAYGROUNDS PROGRAM REGISTRATION 2020 (Dover Residents Only!)

**\*Please note this is a weather dependent program\***

PARTICIPANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ GRADE COMPLETED JUNE 2020 \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
EMAIL (For cancel/Change notifications): \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ EMERGENCY DAY PHONE: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_ EMERGENCY DAY PHONE: \_\_\_\_\_  
EMERGENCY CONTACT (NEIGHBOR/RELATIVE): \_\_\_\_\_ PHONE: \_\_\_\_\_



## PLAYGROUND PROGRAM - June 22nd - August 7th (Ages 6 (as of 6/1/20)-12)

**\$350 per child before May 31<sup>st</sup>/\$400 per child after June 1<sup>st</sup>**

**DO NOT SEND PAYMENT YET! Once we know if we can hold the program we will notify you of payment due.**

**LOCATIONS:**

o HORNE ST.

Swimming Ability: o Swimmer o Non-swimmer

Please indicate if child may go home by themselves for any reason - be specific!!! (Rain, bathroom, etc.) \_\_\_\_\_

Individuals allowed to pick up my child: \_\_\_\_\_

\*If anyone other than those individuals listed may pick up your child – please make sure we are notified in writing of who they are!

### **\$10.00 Non-refundable administration fee included in each fee.**

**LIABILITY WAIVER/MEDICAL RELEASE**

I, the undersigned, parent or guardian, do hereby agree to allow the individual names herein to participate in the aforementioned activity, and I further agree to hold the City of Dover, Recreation Department, and staff harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

We may take photographs during the Summer programs. May we use your child's photograph in future publications? o Yes o No

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of:

Health Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_ Certificate # \_\_\_\_\_

**\*DO NOT SEND PAYMENT\* - NO IN PERSON REGISTRATIONS. Complete form and:**

Email to: [k.trefethen@dover.nh.gov](mailto:k.trefethen@dover.nh.gov) or mail to

Dover Rec  
61 Locust Street, Suite 124  
Dover, NH 03820  
Attn: Playgrounds program