RETURN WITH PAYMENT TO:
Concord Recreation Department
1 White Street
Concord, NH 03301

CONTACT US AT:
Office: 225-8690
Fax: 225-8589
E-mail: recreation@concordnh.gov
Web: www.concordnh.gov/recreation

For Office Use Only

Check #_____ CC Cash Schlrshp

Amount:_____ Entered:_____

ADULT CONTACT INFO

Adult First & Last Name		
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
E-mail	Emergency Contact Name	Phone Number

COURSE CHOICES

Participants Information First Name	Last Name	Elementary School	Sex	Date of Birth	Grade	Name of Class / Program	Class Code	Fee
							-	
							-	
							-	
							-	
							-	
							-	

List any special needs or medical conditions we should know about:

_____

COMPLETE IF PAYING BY CREDIT CARD

CC NUMBER

EXPIRATION DATE: Visa ☐ Mastercard ☐

Name as it appears on the Card:

Signature

Scholarship Donation
Rounding up your program fee helps provide financial assistance to those otherwise unable to afford the cost of a program.

Total Fees

Total Amount

******PLEASE READ AND SIGN THE WAIVER BELOW******

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed below, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Concord, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached at the phone numbers provided. All Recreation Department classes/events may be photographed. Participants may be photographed for City of Concord programs and promotions.

REFUND PROCEDURE - Refunds are issued only when a class is cancelled by the Recreation Department or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program because of a medical condition. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Concord Recreation Department. The Recreation Director will review and either approve or deny in writing your request. If your request is denied by the Director you may appeal in writing to the City Manager.

→ _____ _____
Signature (parent/guardian if participant is under 18 years of age) Date

Are you a Concord/ Penacook resident?
Yes ☐ No ☐

REMEMBER THESE 5 EASY WAYS TO REGISTER!

1

Drop-Box
An after hours drop box is provided. The box is located in the front door of our White Park Recreation Office

2

Fax
(603)225-8589 your credit card information (Visa/MasterCard)

3

On-Line
www.concordnh.gov/recreation
Contact the Recreation Office for user name & password. First time registrants must use paper form initially.

4

Mail-In
Mail completed registration form & payment to:
Concord Recreation
1 White St
Concord, NH 03301

5

In-Person/Walk-In
Visit us in at the Recreation Office in White Park to fill out your registration in person. Office hours are 8 am - 4:30 pm.