

PELHAM PARKS AND RECREATION
6 Village Green, Pelham, NH 03076
Phone: 603-635-2721 Email: recreation@pelhamweb.com Fax: 603-508-3094

Little Explorer Sensory Registration

CHECK SESSION: Session I [] Session II [] Session III [] Session IV [] Session V []

Name: _____ DOB (required): _____

Address: _____
Street City State Zip

Home phone: _____ Cell: _____

Email Address: _____

Allergies or medical issues: _____

Any other information the instructors should have: _____

In case of emergency please contact:

Name: _____ Relation: _____

Town/State: _____ Phone: _____

RELEASE OF LIABILITY

I assume all the risks normally incidental to the nature of the above activity, including risks, which are not specifically foreseeable. I will follow the rules and regulations provided by the instructors. I, the undersigned, hereby agree to release, indemnify, save, and hold the Town of Pelham, employees, agents, representatives, coaches and volunteers from all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with participating in the above activities. The activity will take place at Hobbs Community Center; subject to change if required by the center.

Date

Signature of participant

See reverse side for calendar and fees. We will update our website in the event of class cancellations.
Checks made payable to the Town of Pelham. Register online at www.pelhamnh.recdesk.com.