PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Email: recreation@pelhamweb.com Phone: 603-635-2721 Fax: 603-508-3094

Let Go Your Mind Program 2021

Cost: \$355.00/child - for ages 6-13

Participant Name:			Age:		OOB:
Address:			Town:		State:
Parent Name:	Parent cell phone:				
Parent Email address:	Home phone:				
	T-SHIRT SIZE (Check one)				
	Child [] Small [] Med [] Large				
	Adult [] Small		Large Large	[] X-Large	
participant and 3:00pm- This program increase self-confidence also develop life skills in This program rabrasions, broken bone condition. Any limitation prior knowledge or skills ** Please list a	4:30pm/\$15.00 per partici is designed to foster create while making friends! We a fun and encouraging at may pose limited risks to es, concussions, heart at as regarding physical capare required to take part	pant; No extended care ativity, build character, be emphasize the impostmosphere through theisthe participants. These tacks and even death abilities should be madin this program.	e on Friday. Ple develop discip rtance of team r involvement in e risks may inc . We advise e known to the	ease provide lunch line, cultivate curi work and commun n the art of constru- lude but are not li that all those par Pelham Parks an	fee; 7:45am-8:45am/\$5.00 per n and a drink for your child. osity, inspire imagination, and nication skills. Participants will acting. mited to bumps, bruises, cuts, ticipating be in good physical d Recreation Department. No or restrictions, allergies, or
has which might affect equipment, if needed, wincluding risks which leaders/directors/supervol, the undersigner Recreation Dept, its endebts, claims or demandirections of the activity exigencies which occur reasonable care for the permission to have a phearticipation in rehears a give my permission.	his/her participation. He/hich will be in good work are not specifically for isors. Igned, hereby agree to reployees, agents, represents of any kind for proper leader or resulting from during the activity; provide safety of the participant sysician attend to me, if it	le/she meets the stan- king condition. I assum reseeable. I will for elease, indemnify, saventatives, directors, vol- erty damage or person the exercise of judgm ed, however, that nothing the during the course of is deemed necessary, be videotaped and pho-	dards required ne all the risks ollow the rule we and hold hold hold hold injury result injury result in the activity a during my part otographed for the activity and the second in the second in the activity and injury part otographed for the activity and the second in the second i	for participation normally incidentals and regulation armless the Towany and all liabiliting from failure to der in good faith the rein shall excuse ppropriate to the cicipation in the ab	dical conditions the participant and will have the necessary at to the nature of this activity, as provided by the activity of Pelham, the Parks and by, actions, causes of actions, to obey safety regulations and response to emergencies and the any of the leaders to act with circumstance. You have my ove activity. I understand that ther promotional materials and the uardian
In case of emergency and	the parents/guardians cannot	be reached, please conta	act:		
	-	•		Telephone:	