



Brentwood Recreation Department

1 Dalton Rd. Brentwood, NH 642-6400 ext. 20
recreation@brentwoodnh.gov

For Office Use Only:	
Paid _____	Date _____
Cash _____	Check _____

Program Registration Form

Name of Class/Program	Session/Dates	T-Shirt Size <i>(if applicable)</i>	Fee
		Circle: Youth S M L Adult S M L XL XXL	

Participant's Name: (Print) _____

Age: _____ M / F

Address _____

Phone _____ **Cell Phone** _____

Email Address (please print clearly) _____

Emergency Contact _____

Relationship _____

Emergency Phone Number(s) _____

If you are registering your child:

Child's DOB: _____

Doctor _____

Doctor's Phone _____

Medical Conditions/Allergies: _____

Medications: _____

Brentwood Resident _____

Non-Resident _____

(NOTE: Non residents may be required to pay an additional fee)

Comment / Request: _____

PARTICIPANT WAIVER: Waiver must be completed prior to participation in any activity.

I understand participation in the above recreational activity can result in injuries and do hereby release the Brentwood Recreation Department, the Brentwood Recreation Commission, the Town of Brentwood and their agents from all claims, of any and all injuries to persons or property that may result by virtue of my participation in said activity. I agree to assume all risks and hazards incidental to the program(s), including transportation to and from the site of said program.

Participant Signature (if over 18 yr.)

Date

Parent/Guardian Signature

Date

Registrations for programs will be accepted on a first come, first serve basis.
Please call the Recreation office if you have any questions.

Please make checks payable to BRC