



***Epping Recreation Department***  
**Full Day Program Monday June 25<sup>th</sup> 2018**  
Program will be held at Watson Academy 6:45am - 5:45pm  
Please bring lunch, 2 snacks, a water bottle and sneakers!  
Registration Fee is \$35 per participant. Grades K-6  
\$25 if currently enrolled in Spring Before and After School Program  
**Includes Trip to Movie- Incredibles 2 @ O'Neil's Cinema**

Participant Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address(for program information / updates): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Important medical history we should know about: \_\_\_\_\_

\_\_\_\_\_

**PERMISSION FOR PHOTOGRAPHS**

From time to time, the local news and the Recreation Department staff take photos of program participants in various activities which may be published. Please check your preference for the named participant regarding photographs.

Yes, I give permission for the above named participant to be photographed

No, I do not give permission for the above named participant to be photographed

**Permission to Participate and Parental Acknowledgement**

**I understand injuries to participants can occur during recreational activities.** I understand that this minor child will be dropped off at designated locations and will need to travel home on his or her own volition without the supervision of the Town of Epping Recreation Department, its representatives, or employees. As parent/guardian, we understand that appropriate arrangements must be made to pick up the child. I understand that **activities** and **transportation** have **inherent foreseeable** and **unforeseeable risks** and **dangers** associated with them. **Risks** and **dangers** may include, but are not limited to: motor vehicle travel, exposure to forces of nature, time of day, remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with the Town of Epping Recreation Department or the minor child, physical and mental challenges. I acknowledge that this child's participation at the Epping Recreation Department is voluntary.

I have read this form and fully understand that by signing this form I acknowledge and accept such risks.

**By signing below, I acknowledge that I have read and understand the above statements.**

Parent/Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Check Payable To: Town of Epping (Payment due with Registration Form)**  
*(Not a School Sponsored Event)*