



Epping Recreation Department

Fall 2026 Bike Club

4 week program- Tuesdays: 9/15, 9/22, 9/29, 10/6

5:00-6:00pm Rockingham Rail Trailhead

(Right Before 125, Next to Walgreens)

Grades: 5-8

Registration Fee is \$25 per participant

*Please Drop Off Registration Form/Payment to Watson Academy,
Town Hall, or Mail Registration/Payment
to 157 Main Street, Epping, NH 03042*

Participant Name: _____ Age: _____ DOB: _____

Participant Name: _____ Age: _____ DOB: _____

Parent/ Guardian Name: _____ Home Phone: _____

Address: _____ Town: _____ Cell Phone: _____

Email Address(for program information / updates): _____

Please "like" us on Facebook for last minute program updates! (Epping Parks & Recreation Department)

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

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 **activities** 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 and possibility of exposure to viruses, including Covid-19. 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)