Epping Recreation Department

Fall 2026 Preschool Sports

Session 1 Friday September 11, 18th, 25th & October 2nd
Rain Date: October 9th
Session 2 Friday October 16th, 23rd, 30th, & November 6th
Rain Date November 13th
9:30-10:15 AM SAU Field
Ages: 3-5 (younger can join with parent assistance)
Registration Fee is $25 per participant per session
or $50 for both (Each session includes 4- 45min. classes)
Please Drop off Registration Form/Payment to Watson Academy, Town Hall,
Or Mail Registration Form & Payment to 157 Main Street, Epping, NH 03042

Participant Name: _____ Age: _____ DOB: _____

Participant Name: _____ Age: _____ DOB: _____

Session 1 ($25): _____ Session 2 ($25): _____ Both Sessions ($50): _____

Parent/ Guardian Name:_____ Home Phone:_____

Address: _____Town: _____Work Phone: _____

Email Address(for program information / updates):_____

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

Parent/Guardian Must Be Present At All Times During This Program!

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. **Risk**s 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)