



Parks & Recreation Department

48 Lebanon Street
Hanover, NH 03755

Telephone: (603) 643-5315
E-mail: recdept@hanovernh.org

KAST REGISTRATION FORM (12MARCH18)

1. Please complete your child's information.

Today's Date

Month Day Year

Child's Name

First

Last

Date of Birth

Month Day Year

Male

Female

Current Grade

2. Special Considerations

Please List any Special Concerns, Limitations, Allergies, Behavioral Plans, Medications or other Medical Conditions we should be aware of: (Please be specific).

Release & Indemnification Agreement:

The undersigned being the parent/legal guardian of the above named child, in consideration of the agreement by the Town of Hanover to allow my child to participate in HPR programs, hereby agrees as follow:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in HPR programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in HPR programs, I shall hold the Town of Hanover, the Parks & Recreation Department, and all their agents, principals, employee and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to the use of my child's photo, video, artwork etc. by the Hanover Parks & Recreation Department for flyers, presentations and other advertising means in print and digital form. At no time will a person be identified by name in a picture without prior special permission not covered by this consent.
4. I consent to my child's participation in all structured program activities to include offsite and/or walking field trips, watching of G & PG rated movies, hiking and use of a computer.
5. I hereby give permission for the HPR Staff to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.
6. I consent to allow my child to eat snacks provided by HPR Staff as part of the daily program routine.

Parent/Legal Guardian Signature:

I have read and agree to all terms of this form and rules associated with the Hanover Parks & Recreation Programs

Child's Name		
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First

Last

Is your child allowed to sign themselves out?	If yes when is the earliest they may leave?		
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If school is canceled due to inclement weather my child will (place check mark):

Take Regular Bus Home Bus # Be Picked Up from School Walk Home

Other

A. Parent/Legal Guardian Information

#1 Parent/Legal Guardian _____
First _____ Last _____

Relationship _____

Address _____
Street _____ Town _____ State _____ Zip Code _____

Home Phone _____ **Best way to reach you during the day** _____

Cell Phone _____ **Home E-Mail** _____

Work Phone _____ **Work E-Mail** _____

#2 Parent/Legal Guardian _____
First _____ Last _____

Relationship _____

Address _____
Street _____ Town _____ State _____ Zip Code _____

Home Phone _____ **Best way to reach you during the day** _____

Cell Phone _____ **Home E-Mail** _____

Work Phone _____ **Work E-Mail** _____

B. Emergency Contact Information - *Must Be Different From Above & Be Able To Pick Up*

Emergency Contact _____
Last _____ First _____

Relationship _____ **Home Phone** _____

Address _____
Street _____ Town _____ State _____ Zip Code _____

Cell Phone _____ **Work Phone** _____

C. List additional individuals who you authorize to pick up your child from our programs

	Name	Home Phone	Cell Phone	Relationship
1				
2				
3				
4				