Rochester Recreation, Arena & Youth Services

GENERAL REGISTRATION FORM

(Please note: Separate registration forms are available for summer camp and summer swim lessons.)

Make checks payable to: City of Rochester

PARTICIPANT NAME _____ DOB ___/___/___ AGE _____

ADDRESS _____ GENDER: M F GRADE _____

CITY, STATE, ZIP _____

PHONE: HOME _____ PHONE II: _____ cell / work

EMAIL ADDRESS (Where you want to receive information. Must be 18 and over):

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

* PLEASE STATE ANY MEDICAL, EMOTIONAL OR PHYSICAL ISSUES PARTICIPANT MAY HAVE. PLEASE BE SPECIFIC. _____

_____

PLEASE CHECK:

- ☐ Learn to Skate: _____
- ☐ Summer Tennis Lessons
- ☐ Basketball Camp
- ☐ Roller Hockey: Learn to Play U10 U12 U15 Adult
- ☐ Basketball: Youth 18+ 35+
- ☐ House Hockey: Youth Adult
- ☐ Preschool Play Class
- ☐ 3-5 year old program
- ☐ Indoor Soccer
- ☐ Flag Football
- ☐ Other _____
- ☐ Lacrosse
- ☐ Vacation Camp

CURRENT EXPERIENCE LEVEL: Beginner Intermediate Advanced

PARENT/GUARDIAN (for participants under 18):

NAME _____ PHONE: (list all that apply) _____

ADDRESS (street, town, zip) _____

EMERGENCY CONTACT:

NAME _____ PHONE _____

PARENTAL/GUARDIAN PERMISSION FOR CHILDREN UNDER 18 YEARS OF AGE:

I hereby give my approval for my child to participate in the Rochester Department of Recreation, Arena & Youth Services (RAYS) program(s). I assume all risks and hazards incidental to such participation including transportation to and from activity, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Rochester, the Department of Recreation, Arena & Youth Services (RAYS) or its paid or volunteer employees, for any claims arising out of injury to my son/daughter.

I authorize RAYS staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury, I give RAYS permission to transport my child to a hospital or another emergency 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 RAYS will contact me as soon as possible regarding any emergency involving my child.

In order to document and/or publicize events, facilities and programs, Rochester Recreation, Arena & Youth Services (RAYS), as well as, media sources may take photographs during a program.

Signature of parent/guardian: _____ Date: _____

REFUNDS: Deposit is non-refundable. The City of Rochester and RAYS encourages registrants to consider their schedules prior to registration. No fee will be refunded after the program begins. This policy is strictly enforced. If the department cancels the program, you will be notified and refunded.

ADULT REGISTRATION:

I release, absolve, indemnify and hold harmless the City of Rochester's Department of Recreation, Arena & Youth Services (RAYS) staff, and the City of Rochester, in the event of injury while participating in the above named program(s).

Adult signature: _____ Date: _____

City of Rochester, New Hampshire - Department of Recreation, Arena & Youth Services (RAYS)
Recreation & Youth Services: 150 Wakefield Street, Suite #1, Rochester, NH 03867 · 603-332-4120
Arena: 63A Lowell Street, Rochester, NH 03867 · 603-335-6749
Fax: 603-335-7573 · www.rochesterrec.com