



TAPPLY-THOMPSON COMMUNITY CENTER



30 North Main Street • Bristol • NH 03222
Phone 603.744.2713 • Fax 603.744.3502
Email ttcc@metrocast.net • Website www.ttccrec.org

PARTICIPANT INFORMATION

First Name _____ Last Name _____
Birth Date ____/____/____ Male ____ Female ____ School _____

FAMILY INFORMATION

Parent/Guardian _____ Secondary Contact _____
Mailing Address _____ Relationship to Participant _____
Town _____ State ____ Zip _____ Home Phone _____
Home Phone _____ Work Phone _____
Work Phone _____ Cell Phone _____
Cell Phone _____ Additional Contact _____
Email Address _____ Phone _____

TOWN OF RESIDENCE: _____

MEDICAL INFORMATION

Physician Information _____ Phone _____
Insurance Co. _____
Are your child's immunizations up to date? Yes ____ No ____
Please list any allergies, medications or previous condition that we should be aware of:

RELEASE OF LIABILITY / PHOTO RELEASE

I hereby agree to release, discharge and hold harmless, the Tapply-Thompson Community Center, its employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational or sport activity involves risk. I further understand that the TTCC does not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Tapply-Thompson Community Center to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of my child. I give my permission to have my child's photo taken during this program and used for publicity purposes by the TTCC.

I have read this Indemnity agreement and understand its terms.

X _____
PARENT/GUARDIAN SIGNATURE DATE

COMPLETE ONE BOX PER TTCC PROGRAM
✓ Remit Payment ✓ Parent Authorization ✓ Staff Authorization

ACTIVITY NAME: _____

PARTICIPANT INFORMATION: GRADE _____ AGE _____ YEARS EXPERIENCE _____

PAYMENT INFORMATION: AMT _____ CHECK # _____ CASH _____ DATE _____

PARENT SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____

ACTIVITY NAME: _____

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