

Deerfield Parks & Recreation 2017 Adult Program Registration Form

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone (Home): _____

Phone (Alternative): _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____ Relationship: _____

Program(s) registering for: _____

Total Amount Due: _____

Program Cancellation: DPR reserves the right to cancel any program, event, or activity for any reason preventing a quality outcome. Note that money/monies paid for registration of any cancelled program will be refunded in full to registrar post cancellation.

Age requirements: DPR puts great consideration into its age and/or grade requirements. Please follow the age requirements, and understand that they are set to benefit the participants and instructors to make the program a positive experience for all.

Refund Policy: No refunds, credits, or transfers will be issued after the first day of the class or program. Full refunds will be granted only if requested prior to the start date of a class or program.

I the undersigned will not hold the Town of Deerfield, Deerfield Parks and Recreation, its staff, Volunteers, or agents responsible for any accidents or injuries occurred during my participation in this activity. I agree that I am in proper physical and mental condition to participate and that I assume the risk of participation. I the undersigned have read this release and understand all its terms. I execute it voluntarily and with the full knowledge of its significance. I have executed this release on this date indicated next to my name.

Signature of Participant: _____ Print name: _____ Date: _____

**Please mail or submit in person to: Deerfield Parks & Recreation Dept,
PO Box 159, 8 Raymond Road, Deerfield, NH 03037**

**For More Information: Joe Manzi, 463-8811 x305 or email us at:
parks@townofdeerfieldnh.com**

**Keep updated, visit our website at www.townofdeerfieldnh.com
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