

# Registration Form


 Dover Resident

 Non-Resident


## Adult or Responsible Party Information

Last Name		First Name		Middle Initial	
Mailing Address		City	State	Zip	
Phone H( ) )	Cell( ) )	Emergency Contact Name: ( ) )		Relationship: Cell :	

### PARTICIPANT INFORMATION

Please fill in the information below for each person you are registering

**Email: (Very Important)  
Print Clearly**

Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2012

Please fill in the information below for each person you are registering

Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2012

Please fill in the information below for each person you are registering

Last Name	First Name	Middle Initial	DOB-Mo/Day/Yr.	Age	Gender	Grade in Sept. 2012

## CONFIRMATIONS WILL NOT BE SENT

Registrations will be accepted by mail for programs **ONLY WITH A CHECK**

Participant Name	Program Name	Program Fee
EXAMPLE: John Doe	EXP: Learn to skate & Dates of Program	\$00.00

Date Paid \_\_\_\_\_ Your Check Number or cash \_\_\_\_\_ Staff Initials \_\_\_\_\_ Total \$ \_\_\_\_\_

**No refund given after activity begins. All persons participating in Dover Arena programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.**

I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity, and I further agree to hold the City of Dover, Community Services Department, and/or the Recreation Division harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. If needed please use back side.

⊕ Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of: \_\_\_\_\_

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos.

Do Not Allow the use of pictures

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_ Certificate # \_\_\_\_\_

**Make Checks Payable to Dover Ice Arena and mail with registration form to:**

Dover Ice Arena, 110 Portland Ave, Dover, NH 03820