

Today's Date: _____

Email Address: _____

Ellen Lambert Murphy Memorial Community Center
PO Box 82
20-21 Durkee Street
Winchester, NH 03470
603/239-4316 Fax 603/239-6713
www.elmcenter.net
Youth Sport/ Program Registration

Participant: _____

Program: February Fun Week

Address: _____ Male: _____ Female: _____

Parents Name: _____ Grade: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone #: _____

Name of Emergency Contact: _____ Phone#: _____

Participants Insurance Co.: _____ Policy#: _____

Medical Information:

Any Allergies? _____ Allergic to drugs? _____

Does Participant suffer from: Asthma _____ Diabetes _____ Epilepsy _____

Resident Fee \$65.00

ate Size: Skate Size: _____

Non Resident Fee \$85.00

My child cannot attend all week but would like to participate for these trips ONLY (Check all that apply):

Add \$5.00 per day for Non Resident Children

Granite Gorge \$20.00 (R)

Krista McAuliffe Space Center \$10.00 (R)

Naismith Basketball Hall of Fame \$15.00 (R)

CoCo Key \$20.00 (R)

Ice Skating \$10.00 (R)

I hereby give my permission for _____ to participate in the ELMC February Fun Week and understand that (s)he will be transported by bus when participating in off site field trips.

I authorize the Ellen Lambert Murphy Memorial Community Center to provide emergency treatment of any injury or illness my child may experience. If qualified medical personnel consider treatment necessary, to perform the treatment. This authorization is granted if I cannot be reached, and reasonable effort has been made to do so, or in a life-threatening situation.

My child and I are aware of the potential hazards associated with the ELMC February Fun Week. I assume all risks associated with participation in this program, including but not limited to falls, contact with other participants, the efforts of the weather, traffic and other reasonable conditions associated with the program. With respect to the safety of both the youth registrants and the volunteer chaperones, I understand that during extreme weather conditions the ELMC has reserved the right to cancel its activities. I understand this consent form and agree to its' conditions on behalf of my child.

Parents Signature: _____ Date: _____

I would like to be a volunteer chaperone YES / NO If yes, I can volunteer 8:00 am -4:00 pm on (please circle all that apply):
Monday Tuesday Wednesday Thursday Friday