

Colebrook Recreation Department

17 Bridge Street
Colebrook, NH 03576
Telephone: 603-237-5086
Recreation Director
Melissa Shaw



CHAOS & COFFEE REGISTRATION FORM

(Please Print)

Participant's Name: _____ Grade: _____ Birthdate: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Parent: _____ Work Phone #: _____ Cell Phone #: _____

Parent: _____ Work Phone #: _____ Cell Phone #: _____

Person to contact if parent cannot be reached: _____

Phone #: _____

Allergies, disabilities or other illness that would affect "normal" participation:	YES	NO
If yes, what?		

Is your child currently on any medication:	YES	NO
If yes, what and when does it need to be taken:		

The Colebrook Recreation Department has permission to use photos in which my child appears	YES	NO
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***Return completed 2-sided form and payment to
Colebrook Recreation Department, 17 Bridge Street, Colebrook, NH**

I hereby pledge for myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the Colebrook Recreation Department. I also release the organization's coaches, volunteers, or officials for any and all injuries suffered by my child. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child: _____ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand that in an emergency every attempt will be made to communicate with me prior to use of this waiver.

Doctor's Name:

Doctor's Phone #:

Medical Insurance Company:

Policy Number:

Parent/Guardian Signature

Date

Program	Resident Fee	Non-Resident Fee	Total
Chaos & Coffee Session 1 November 4th & 11th	\$10	\$15	
Chaos & Coffee Session 1 December 9th & 16th	\$10	\$15	
TOTAL			
Received by: _____ Cash/Check #:			

Checks Made Payable: Colebrook Recreation Department

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