



# TAPPLY-THOMPSON COMMUNITY CENTER

30 North Main Street, Bristol, NH 03222  
Phone: (603) 744-2713; Fax: (603) 744-3502  
Email: [tcc@metrocast.net](mailto:tcc@metrocast.net); Web: [www.tccrec.org](http://www.tccrec.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 \_\_\_\_\_

PAYMENT INFORMATION: AMT \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_

PARTICIPANT INFORMATION: GRADE \_\_\_\_\_ AGE \_\_\_\_\_

PAYMENT INFORMATION: AMT \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_