Town of Sunapee Recreation Dept.
Winter Boot Camp Registration 2017

Participant's Name: _____ Date of Birth: _____ Age: ____

Name of Parents (ages under 18):_____

Address: _____ Female/Male/ (circle one)

_____

Email Address: _____ Primary Phone: _____

Emergency Contact: Secondary Phone: _____

Name_____ Phone: _____ Relationship: _____

2017 Adult Boot Camp Registration:

Program	Date	Time	Location	Cost	
Sunapee Boot Camp (Ages 16+)	Tue & Thur: 1/3-4/27	5:30-6:30am	Shelburne Gym	$55	
				Total:	

I/we assume all risks and hazards incidental to the conduct of the program. I/we do further hereby release, absolve, indemnity and hold harmless Sunapee Recreation Department, Town of Sunapee, and its officers. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personal designated by Sunapee Recreation to attend to my child. I expect notification before hospitalization. **Signature:**

Date:

Office Use Only
Check #
Cash