

# ***New Hampton Parks & Recreation***

112 East Spring Street, New Hampton, IA 50659

**Office Hours:** M-TH 7am-5pm Fridays 7am-4pm  
(Hours subject to change depending on season/staffing.)

**Phone**

(641) 394-5464

**Website**

[newhamptonia.com](http://newhamptonia.com)

**Emails**

tara.nhpark@gmail.com

rick.nhpark@gmail.com

**Online Registration**

[teamsideline.com/newhamptonia](http://teamsideline.com/newhamptonia)

## **PROGRAM REGISTRATION FORM**

Participant's Last Name: \_\_\_\_\_

Mom's Name: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Home Ph. #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Other than parent/guardian)

Mailing Address: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_

Dad's Cell #: \_\_\_\_\_

Mom's E-mail: \_\_\_\_\_

Dad's E-mail: \_\_\_\_\_

Emergency Contact Ph. #: \_\_\_\_\_

Participants Name	DOB	Age	Grade NOW	Grade FALL	Program Name	Code #	T-shirt Size <small>(ys 4-6, ym 8-10, yl 12-14) YS YM YL AS AM AL AXL</small>	FEE

Boy \_\_\_\_\_ Girl \_\_\_\_\_ **\*\*Please add \$5.00 for each program/person if after deadline:\_\_\_\_\_**

**Please Select One:**      CHECK      CASH      DEBIT/CREDIT      **TOTAL AMOUNT:\_\_\_\_\_**

### **ACTIVITY RISK/COVID WAIVER**

The New Hampton Parks & Recreation Department or its employees/volunteers shall not be held responsible for injury, loss of property, or incident. I further voluntarily assuming all risks associated with my participation including the risk of exposure or infection with COVID-19. I realize the risk involved as a participant/player and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness/injury incurred while participating and attending practices, camps, games, and events.

**PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_**