



New London Outing Club Program and Activity Registration Form

Program/Activity _____ Division (e.g. boy's, coed, T-Ball, U13, 5th/6th grade, etc.) _____ Year _____

Participant Information

NAME _____ M ___ F ___ AGE _____ DATE OF BIRTH _____

ADDRESS _____ TOWN _____ STATE/ZIP _____

TELEPHONE _____ EMAIL _____ GRADE (if in school) _____

NLOC MEMBER*: Yes ___ No ___ PROGRAM/ACTIVITY FEE PAID**: OC Member \$ _____ Non-Member \$ _____

*Annual membership year runs January 1 through December 31 per calendar year.

**Full payment of all fees (membership, program) must accompany this form to complete registration, and before participation in any activity.

Emergency Contact Information

MEDICAL LIMITATIONS (Please specify): _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____ ALTERNATE PHONE _____

Release Waivers (These must be checked as applicable)

____ **NLOC Release Waiver:** I agree to waive my rights for any claims of liability against the New London Outing Club or its directors, employees, coaches or volunteers for injuries that may occur to (me)(my child) **(circle one)** while participating in the indicated program, including but not limited to, involvement with games, practices and transportation. I will hold harmless the New London Outing Club, its directors, employees, coaches and volunteers from any claims or liability whatsoever arising from the enrollment or participation of (me)(my child named above) **(circle one)** in the indicated programs. In the event of injury, I give my permission to the New London Outing Club, its directors, employees, coaches and/or volunteers to secure medical treatment for (me)(my child named above) **(circle one)**.

____ **KRSD Release Waiver:** I agree to indemnify and hold harmless the Kearsarge Regional School District and its employees from any or all loss, costs, including attorney's fees, damages, bodily injury or death of (myself)(my child named above) **(circle one)**, which may arise out of use of the Kearsarge Regional School District's premises leased by the NLOC for its activities and programs.

Media Release: Yes ___ No ___ I agree to allow the New London Outing Club to have the right to use, reproduce and distribute photographs, films, videos and sound recordings of (myself)(my child named above) **(circle one)**, taken while participating in the indicated program or activity, without compensation or approval rights, for use in materials created to promote the Outing Club's membership, website, programs and activities.

NLOC "E- News": Yes ___ No ___ Please add my email indicated above to your address list for important news and information.

Agreement

I (agree)(give permission for my child named above) **(circle one)**, to participate in this indicated program, and I have also read and agree with all the statements as indicated above. Enclosed is my payment as indicated above.

PARENT/ GUARDIAN/PARTICIPANT (over 18 years of age) (PRINT NAME) _____

SIGNATURE _____

DATE _____

This agreement must be signed, and all program fees must be paid prior to participation. Thank you.

Visit www.theoutingclub.net to register & pay "on line" or . . .
Complete and mail above form, with payment (checks payable to "NLOC")