

North Conway Community Center Registration Form

Child's Name: _____ Grade _____

Parent's Name: _____

Mailing Address: _____

Phone # _____ Cell # _____ Work # _____

Email Address: _____

Medical Concerns: _____

Please list all programs that your child is signing up for: **(Fee is \$10 per activity)**

1. _____
2. _____
3. _____

Total Registration Fee: \$ _____

Total Paid: \$ _____

Are you interested to help Coach: **(Please Circle one)** yes no

- Please sign here if you **do not** want your child's picture on the North Conway Community Center's web page (nccommunitycenter.org) or in the local newspapers:

Parent's Signature: _____ Date: _____

Please fill out waiver on the back