

TOWN OF HAMPTON FALLS

TOWN OFFICES, 1 DRINKWATER ROAD 603-926-4618



NEW HAMPSHIRE 03844

PARKS AND RECREATION COMMISSION

Governor Weare Park Field Use Application

Date: _____

Organization: _____ Date(s)/Time(s) Requested: _____

Explanation of Proposed Use: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ E-Mail: _____

Provide a list of all coaches and/or volunteers who will be managing or instructing children.

Name	Address	Phone	BC*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(BC)* Check this line to identify that Background Check information has been submitted with this application.

Please Note: NH law requires that all persons coaching or instructing children submit a copy of criminal background to the Town of Hampton Falls. Additionally, a verification check of the National Sex Offender Registry must also be included. Please check that for all of the above names that this documentation has been included with this application.

Please supply a Certificate Of Insurance for your team or organization.

I, _____, representing the team/organization above do voluntarily agree to hold harmless the Town of Hampton Falls or its representatives, in any event of injury received by anyone while using the facilities at Governor Weare Park. We shall not attempt to make any recovery against the Town of Hampton Falls and its staff. I have read and signed that I have reviewed the rules and regulations and promise to abide by them. I further understand the use of this park may be revoked at any time for not cooperating or following the rules and regulations.

Organization Representative _____

Signature

Date