

Registration Form

*** New Hampshire Academy of Artistic Gymnastics & Sport ***

Child's Name: _____

Age: _____

Birth Date: ____/____/____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

List any Medical Conditions immediately below that we should be aware of

Insurance _____

Company: _____

Policy Number: _____

Mother's Name: _____

Occupation: _____

Phone 1: _____

Phone 2: _____

Father's Name: _____

Occupation: _____

Phone 1: _____

Phone 2: _____

Emergency

Contact: _____

Phone 1: _____

Phone 2: _____

I acknowledge that I have enrolled my child for athletic training. I recognize that the activities are strenuous, including motion, rotation and height. As a condition of accepting my child, I agree to hold NHAAGS, Inc. and all associated harmless and have adequate medical insurance to cover injury, should it occur. I agree to all of the above and NHAAGS, Inc. payment and enrollment policies.

Further, I give permission for any photos or videos of my child to be used in and on New Hampshire Academy's webpage, flyers and associated social networking channels such as facebook, youtube, etc.

Signature of parent: _____

CREDIT CARD INFORMATION

Cardholder: _____ (NOTE: Please write name exactly as it appears on the card)

Card Number: _____

Card Type: [] Visa [] Mastercard

Expiration Date: ____/____

[] Please charge my card for the registration fee \$ _____

[] Please charge my card for monthly tuition \$ _____

Your signature below is required to complete credit card transactions

Signature: _____

Date: ____/____/____