



Registration Form 2021-2022

One form per child

☐ HH Member

☐ Nonmember

Morning

☐ 2nd Child Discount

☐ 3/4 Year Olds

Tue/Thu

birthdate range of 6/1/17-9/15/18

Name _____

Address _____

☐ Male

☐ Female

City _____ State _____ Zip _____

Birth Date _____

Parent/Guardian _____

Daytime Phone _____

Email Address _____

Waiver and Release of Liability (Important ~ Read before signing)

In consideration of being allowed to participate at the Facility known as the Hampshire Hills Athletic Club and Hampshire Dome, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity. For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers arising out of my use of the Facility.
2. To release the Licensors Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including negligence or breach of contract on the part of the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers in the operation, supervision, design or maintenance of the Facility.
3. We/I authorize permission for our child's photo to appear in news releases, flyers, web pages, brochures, videos, public and private advertising, or any other promotional literature and media.

Parent/Guardian Signature _____

Date _____

\$179/Month - Member \$219/month - Nonmember

\$30 registration fee required with your completed form

Hampshire Hills Athletic Club, P.O. Box 404, 50 Emerson Rd, Milford, NH 03055 603.673.7123

Busy Bees Enrollment Agreement & General Permission Slip

I/we understand that Hampshire Hills will charge our card on file automatically on the 1st of each month for the following months: Oct 21, Nov 21, Dec 21, Jan 22, Feb 22, Mar 22, Apr 22 and May 22. First payment is due with registration.

I/We understand that The Busy Bee Program is 9 equal payments regardless of the length of the month or if the child is out sick, quarantined or on vacation. Snow days, holidays and vacation weeks have already been considered when calculating costs, we do not prorate. September 2021-May 2022.

I/we understand that Busy Bees follows the Milford School District's school calendar including delay/cancellation schedule due to inclement weather. **When Milford schools have a delay or a cancelation Busy Bees is canceled.** Please check WMUR if you are unsure.

I/we understand that a full 30 days notice must be given to drop out of Busy Bees program or I/we will be responsible to pay/be charged for the following month.

I/we understand that the morning program runs 9:00-11:00 am. Drop off begins at 8:50 am.

I/we understand that drop off only occurs between 8:50-9:00am and I/we must be on time.

I/we understand that Hampshire Hills needs an up to date physical/immunizations on file in order for child to start.

I/we understand that we must pack a water bottle and snack, daily.

I/we understand that we must pack an extra change of clothes, daily.

I/we understand that our child must wear play/active friendly clothing, daily.

I/we understand that I/we need to pay attention to the monthly calendar for daily activities/themes.

I/we understand that the Busy Bees program goes outside daily if applicable and I/we need to pack weather appropriate gear, daily.

Parent/Guardian Signature _____

Date _____

Busy Bees

Emergency Contact and Medical Information

M F
Sex

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

()

Work Phone

()

Home Phone

()

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

Home Phone

()

Work Phone

()

Home Phone

()

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I release Hampshire Hills & The Hampshire Dome and individuals from liability in case of accident during activities related to Camp Ponemah, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date