



FAST Registration Form 2020-2021

Ages K-5th (age 5 by 9/30/20)



Name _____

☐ Male

☐ Female

Address _____

Check Days Your Child Will Attend

City _____ State _____ Zip _____

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Phone _____

Birth Date _____

School/Grade _____

Parent/Guardian _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

\$30 registration fee

5 Days Members: \$159/month
Non-Members: \$209/month

4 Days Members: \$140/month
Non-Members: \$190/month

3 Days Members: \$120/month
Non-Members: \$155/month

2 Days Members: \$90/month
Non-Members: \$110/month

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

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 release, flyers, web pages, brochures, videos, public and private advertising, or any other promotional literature and media.
4. I understand there are **10 equal** monthly payments and the program does not prorate due to vacations, sickness, snow days, etc. I must give a full 30 day notice if dropping from program or I will be responsible for paying the following month's tuition.

Parent/Guardian Signature _____

Date _____

FAST Enrollment Agreement & General Permission Slip

I/we understand that Hampshire Hills will charge our card on file automatically on the 1st of each month.

I/We understand that The Fast Program is 10 equal payments regardless of the length of the month or if the child is out sick or on vacation and does not prorate: September 2020-May 2021.

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

Parent/Guardian Signature_____

Date_____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

FAST @ Hampshire Hills

CCCB-06626

NAME OF CHILD CARE PROGRAM**LICENSE NUMBER**

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____

(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ Hampshire Hills _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date: