



New Boston Recreation Registration Form

5 Meetinghouse Hill Road, PO Box 382

New Boston NH 03070

Phone: 603.487.2880 ~ Fax: 603.487.2887

www.newbostonnh.gov/recreation

GYMNASTICS

Session ____ Tues Wed 2:30 3:30 4:20

Cost _____ Payment _____ \$ CC CK

Participant's Name: _____

Please circle one

Date Of Birth: _____ Age: _____ Grade: _____ Male Female

Parent/Guardian Name(s): _____ Home Phone: _____

Address: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Child resides with: Mother Father Both Other _____

Special Medical Information: _____

Allergies: _____

Medical Insurance Company _____

My child, _____, has had a recent physical and may participate in strenuous activities.

In the event of an emergency, I authorize the New Boston Recreation Department and its agents/employees to obtain such medical care as they deem necessary to treat my child or myself, including but not limited to treatment by New Boston Recreation Department employees or emergency medical technicians.

In consideration of the permission granted to the participant named above to participate in New Boston Recreation Programs, We shall release, waive, discharge, and covenant not to sue the New Boston Recreation Commission, Friends of New Boston Recreation, or the Town of New Boston, their agents and employees from liability for any loss or damage, and any claim or demands thereof on account of injury to the person or property, or resulting in death of the named participant, whether caused by the negligence of their agents and employees or otherwise while the named participants in the Recreation Programs. By signing below, I also give permission for my child to have his/her picture taken for the purpose of NB Recreation publicity in local media and/or Town of New Boston web site

Parent/Guardian Signature _____

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