

New Hampshire Academy of Artistic Gymnastics & Sport Registration

67 Winnicut Road, North Hampton, NH 03862 (603)964-9000

Child First Name _____ Last Name _____

Date of Birth ____/____/____ Nickname _____

Child First Name _____ Last Name _____

Date of Birth ____/____/____ Nickname _____

Child First Name _____ Last Name _____

Date of Birth ____/____/____ Nickname _____

 **Mailing and Billing Address:**

Street _____ P.O. _____ City _____

State _____ *Zip _____

Home Phone (____) _____ Cell Phone (____) _____

*Guardian /Parent Name _____  email address: _____ @ _____

*Guardian /Parent Name _____  email address: _____ @ _____

Billing Account Information:

Check or \$ Cash. (Please make Check payable to **NHAAG's,Inc**) Credit Card: Visa MC

Cardholder Name _____

Card Number: _____ EXP Date: _____

 **Signature of Cardholder** _____

Address of cardholder if different from guardian: _____

Full Tuition payment is required by the 10th of **each** month. After the 10th an additional \$5 late fee will be added. Your child will be unable to attend classes if your account is in arrears past the 30th of the month until paid in full.

I have read and understand the above:  Signature _____

Hold Harmless Agreement and Photo Release Form:

In consideration of my membership and participation in NHA Gymnastics events, I agree to be bound by each of the following:

1. Readiness to Compete: I will only participate in those NHA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in NHA Gymnastics events, I will have practiced my exercises, and will perform only those exercises I have accomplished to the degree of confidence necessary to assure I can perform them by myself, without injury.
2. Medical Attention: I hereby give my consent to NHA Gymnastics and the Host Organization of any USA Gymnastics sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation.
3. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I release NHA Gymnastics, along with the employees, officers and directors of these organizations (collectively the "Released Parties"), from any claims, losses or damages arising from or in any way connected with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.
4. Online/facebook Photographed Release: I understand that my photograph may be associated with facebook tags and my image may appear on facebook. Permission to Use Photograph: I grant to NHA, the right to take photographs of me and my family in connection with any NHA related event. I authorize NHA its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that NHA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Medical Insurance Information: Carrier: _____ Group No. _____

Insurance Subscriber's full Name _____

I have read and understand the above:  Signature _____

NHA Gymnastics does NOT release individual members' information to third parties.