



Father Roger Bilodeau Community Center



194 Pollard Road
Lincoln, NH 03251
Telephone: (603) 745-8958

Recreation Director:
Tara A. Tower, CPRP
Telephone: (603) 745-8673

Community Center Program Director:
Teneil Rineer
Telephone: (603) 728-5061

GYMNASTICS PROGRAM REGISTRATION FORM:

(Please Print)

Participant's Name: _____ Date of Birth: _____ Grade: _____

Mailing Address: _____ Town: _____ Zip: _____

Physical Address: _____ Town: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number(s): _____

Mother's Name: _____ Place of Work: _____ Phone: _____

Father's Name: _____ Place of Work: _____ Phone: _____

Person to contact if parents cannot be reached: _____ Phone Number: _____

People allowed to pick up my child: _____

Allergies, disabilities, or other illness that would affect participation: YES () NO ()

If yes, please explain: _____

Is your child currently on any medication: YES () NO ()

If yes, what medication and when does it need to be taken: _____

I give permission for my child to travel off property for field trips and other related recreation purposes: YES () NO ()

The Community Center staff have my permission to use photos in which my child appears: YES () NO ()

I hereby pledge myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization's agents, assigns, or officials for any and all injuries suffered by my child.

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child: _____ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand that in an emergency every attempt will be made to communicate with me prior to use of this waiver.

Doctor's Name: _____ Doctor's Phone Number: _____

Medical Insurance Company: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____