

Lakes Region Gymnastics Academy Fall Registration Form

Please fill out form and return to Lakes Region Gynastics Academy, 140 Laconia Rd, Unit 2, Belmont, NH 03220  
Please include 50% of the class or camp fee along with the annual registration fee (Sept thru Aug) for each new athlete

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Enclosed \$: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Session: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

- |   |                 |   |                 |   |                 |
|---|-----------------|---|-----------------|---|-----------------|
| <input type="checkbox"/> <b>Session 1</b> | Aug 28 - Oct 21 | <input type="checkbox"/> <b>Session 3</b> | Dec 18 - Feb 17 | <input type="checkbox"/> <b>Session 5</b> | Apr 15 - Jun 15 |
| <input type="checkbox"/> <b>Session 2</b> | Oct 23 - Dec 16 | <input type="checkbox"/> <b>Session 4</b> | Feb 19 - Apr 13 |   |                 |

*Please include a \$40 annual registration fee for each participant is you have not been in our program since September*

I, \_\_\_\_\_, aknowledge that myself, our family members and our minors who participate in activites at Lakes Region Gymnastics Academy will self screen before coming to Lakes Region Gymnastics Academy for any class, event or activity. We will not participate if our minor child or a family member exhibits and or the following symptoms: cough, sore throat, shortness of breath, loss of taste or smell, chills, shaking with chills, muscle pain, fever, headache or known contact with a person who is lab-confirmed to have COVID-19.

I further acknowledge, understand appreciate and agree that my and/of my child's participation may result in possible exposure to an illness from infectious diseases, including, but not limited to, influenza and COVID-19. While paricular rules and personal discipline may reduce this risk. risk of serious illness does exist. I knowingly and freely assume such risks, both known and unknown.

I, the below named minor's parentand/or legal guardian, understand and acknowledge this information.

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_