

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

Student Name: _____

Age: _____ **Phone:** _____ **Enclosed \$:** _____

Address: _____

Email: _____ **Zip Code:** _____

Session: _____ **Day:** _____ **Time:** _____

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|---|-----------------|---|-----------------|---|-----------------|
| <input type="checkbox"/> Session 1 | Aug 26 - Oct 19 | <input type="checkbox"/> Session 3 | Dec 16 - Feb 15 | <input type="checkbox"/> Session 5 | Apr 14 - Jun 14 |
| <input type="checkbox"/> Session 2 | Oct 21 - Dec 14 | <input type="checkbox"/> Session 4 | Feb 17 - Apr 12 | | |

Please include a \$40 annual registration fee for each participant

I, _____, acknowledge that myself, our family members and our minors who participate in activities 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 particular 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 parent and/or legal guardian, understand and acknowledge this information.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____