



NH sportsplex

SPORTS & TRAINING CENTER
PLEX PERFORMANCE
FALL CONDITIONING REGISTRATION

name: _____ age _____

address: _____

e-mail: _____

home phone: _____ cell: _____

School: _____ Grade: _____ Sports: _____

emergency contact name: _____

emergency contact phone: _____

July 26th - August 5th Monday - Thursday

6 session (90 minutes each) \$135.00

**below please choose 3 sessions you will attend each week*

8 session (90 minutes each) \$150.00

**below please choose 4 sessions you will attend each week*

Monday 9-10:30am 3:30-5pm

Tuesday 9-10:30am 3:30-5pm

Wednesday 9-10:30am 3:30-5pm

Thursday 9-10:30am 3:30-5pm

P.O Box 10042 Bedford, NH 03110

www.nhsportsplex.com

603.641.1313

Participant Waiver Statement

Player Name:_____ I, the undersigned, hereby certify that I am the parent or guardian of the above named player. I am fully aware of and appreciate the risks associated in participating in activities at NH Sportsplex, LLC. I further agree on behalf of myself, my heirs and personal representatives, that NH Sportsplex, LLC along with coaches, officials, referees, umpires, volunteers, employess, agents, officers and directors of the organization, shall not be liable for any personal injury or any other loss or damage whatsoever occuring as a result of participation in any program.

I hereby give consent to NH Sportsplex, LLC to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of the above named players participation.

I certify that the above named player is in good health and may participate in all activities as a player at NH Sportsplex, LLC.

I give consent for my child to be photographed, videotaped and/or filmed while participating in activities and for the resulting images to be used by NH Sportsplex, LLC for teaching, promotional and website purposes.

As parent/legal guardian of the above player, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in activities at NH Sportsplex, LLC and I accept each of the above conditions.

Parent/Guardian:

Name_____ Signature_____ Date_____

Emergency Contact:

Name_____ Cell #_____

Name_____ Cell #_____

Family Doctor_____ Telephone_____

Known allergies or medical problems_____