



FAST is dedicated to providing children a wide variety of fun activities as well as unstructured time which will stimulate and challenge their minds and bodies. We believe that every child who attends our program should leave each day with an enhanced feeling of self worth and independence.

Registration 2025-2026 / Grades K-5th (age 5 by 9/30/25)

☐ Member

☐ Non-Member

☐ Milford School District Bus Transportation

☐ Providing Own Transportation

☐ Private Hampshire Hills Van for Clark/Wilkins
\$100/Month Transportation Fee (\$25/week)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Birth Date _____

School/Grade _____

Parent/Guardian _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Check Days Your Child Will Attend

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Program Runs 3:00-5:30pm

\$50 Registration Fee

5 Days Member: \$189/month (\$47.25/week)
Non-Member: \$239/month (\$59.75/week)

4 Days Member: \$169/month (\$42.25/week)
Non-Member: \$219/month (\$54.75/week)

3 Days Member: \$149/month (\$37.25/week)
Non-Member: \$199/month (\$49.75/week)

2 Days Member: \$129/month (\$32.25/week)
Non-Member: \$179/month (\$44.75/week)

Regularly Scheduled Early Release

Amherst \$25/month

Milford \$15/month

Sophie Grill
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Hampshire Hills
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FAST @ Hampshire Hills

Enrollment Agreement & General Permission Slip Waiver & Release of Liability

I/we understand that Hampshire Hills will charge our card on file automatically on the 1st of each month for the following months: Oct, Nov, Dec, Jan, Feb, Mar, Apr and May. September payment is due with registration. FAST begins September 8, 2025 and ends May 29, 2026. **Initials:** _____

I/We understand that FAST is 9 equal payment regardless of the length of the month or if the child is out sick, quarantined or on vacation. Snow days, holidays and vacation weeks have already been considered when calculating costs, we do not prorate. September 2025-May 2026. **Initials:** _____

I/we understand that FAST follows the Milford School District's school calendar including delay/cancellation schedule due to inclement weather. **When Milford schools have a cancellation FAST is canceled.**
Initials: _____

I/we understand that a full 30 days emailed notice to Sophie must be given to drop out of or change weekly schedule of FAST program or I/we will be responsible to pay/be charged for the following month.
Initials: _____

I/we understand that Hampshire Hills needs an up to date physical/immunizations on file in order for child to start. **Initials:** _____

I/we understand that we must pack a water bottle and snack, daily. **Initials:** _____

I/we give permission for our child to go to The Hampshire Dome during program hours. **Initials:** _____

I/we give permission for our child to use the pools at Hampshire Hills during program hours **Initials:** _____

I/we understand that Pick Up is at 5:30pm sharp. We will be charged \$3 per minute per child for a Late Fee. I/we understand that our card on file will be charged the following day. Initials: _____

I/we understand that if we continue to be late we will be dismissed from the program. Initials: _____

In consideration of being allowed to participate at the Facility known as the Hampshire Hills Athletic Club and Hampshire Dome, I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur while attending or participating in any Facility exercise program, sport or physical activity. For allowing me to use the Facility I agree, to the fullest extent permitted by law, as follows:

1. To waive all claims that I have or may have against the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers arising out of my use of the Facility.
2. To release the Licensors Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers from all liability for any loss, damage, injury or expense that I (or my child(ren)/ward(s)) may suffer, arising out of my use of the Facility, from any cause whatsoever, including the risk of illness from exposure to COVID-19 and other viruses, and negligence or breach of contract on the part of the Licensors, Hampshire Hills Athletic Club, Eastern Olympic Sports, LLC, and Danielson Realty Trust, its shareholders, officers, directors, trustees, beneficiaries, employees, agents, servants, members, and volunteers in the operation, supervision, design or maintenance of the Facility.

We/I authorize permission for our child's photo to appear in news release, flyers, web pages, brochures, videos, public and private advertising, or any other promotional literature and media.

Parent/Guardian Signature _____

Date _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM **FAST at Hampshire Hills**

CCCB-26482 LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number:	Hours:
Phone number:	Hours:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date: