



**PLEASE PRINT:**

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE HOME ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ /CELL ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE \_\_\_\_

PROGRAM WISHING TO PARTICIPATE IN: \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

If participant under the age of 18:

As Parent/Legal Guardian of \_\_\_\_\_, I/We agree that participation in the BNTC Youth Training program is at our own risk and I/We will not in any way hold liable the BNTC Program Directors, Coaches or Trainers of the BNTC Youth Training Program. You have also granted permission to BNTC to use photos of the above listed participant taken during the sessions to promote our club in future publications via our website.

PARENT/GUARDIAN NAME/S

PARENT/GUARDIAN 1 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN 2 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL ADDRESS # 1 \_\_\_\_\_

E-MAIL ADDRESS # 2 \_\_\_\_\_

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