



ASSOCIATION OF BOSNIAKS OF NEW HAMPSHIRE
125 LONDONERY TPKE
HOOKSETT, NH 03106

Activities Application

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address				Apartment/Unit #					
City			State		ZIP				
Phone			E-mail Address						
Date of Birth		School Grade (as of 9/1/2018)			School Name				
Special interest (list all things you do for sports, music, etc.)									
Are you or your parents ABNH members?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you planning to become ABNH member?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any Medical Problems		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, list problems					
Any food allergies?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, list food					
Any prescription medication?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, explain					
Any other important info to share?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, explain					
Doctor to Contact in Emergency							Phone		
RELIGIOUS SCHOOL – “MEKTEB”									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
BOSNIAN LANGUAGE SCHOOL									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
SOCCER TEAM									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
BOSNIAN DANCE – “FOLKLOR”									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
DRAMSKA SEKCIJA									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
RECITATORSKA SEKCIJA									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
PJEVACI AMATERI									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				
ARABIC LANGUAGE – “SUFARA”									
Are you planning to attend?		YES <input type="checkbox"/>			NO <input type="checkbox"/>				

ILAHIJE

Are you planning to attend?

YES NO **PARENT INFORMATION (IF APPLICANT IS A MINOR)**

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		

PARENT INFORMATION (IF APPLICANT IS A MINOR) (OPTIONAL ADDITIONAL PARENT)

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		

IMPORTANT INFORMATION – PLEASE SIGN

I, parent or guardian of the minor registered for activities, recognize that there are possibilities of physical injuries with programs and activities, or from transportation to any program and activities which I hereby authorize for all listed activities. I discharge any claims from injuries by or on behalf of registrant, all Member{s}, volunteers, and personal associates with the ABNH. I allow consent for ABNH or any person associated with ABNH to take my or any of my children(s) picture for website or to promote agency.

Print Name: _____ Date: _____
Parent/Legal Guardian

Sign Name: _____ Date: _____
Parent/Legal Guardian

OFFICE USE ONLY

Application filled out and signed by Parent or Guardian: YES _____ NO _____
Initials Initials

Verified by: _____ Date: _____
Active Employee of ABNH