

Membership and Class Registration Form

20256 W. MILL RD, GALESVILLE, WI 54630 ♦ 608-582-FLIP (3547) ♦ www.blueangelsgymnastics.org

Gymnast 1 Information

Name

Age

Date of Birth

Current Level

Cell Phone

E-mail

Gymnast 2 Information

Name

Age

Date of Birth

Current Level

Cell Phone

E-mail

Gymnast 3 Information

Name

Age

Date of Birth

Current Level

Cell Phone

E-mail

Parent/Guardian Contact 1

Name

Mailing Address

City/State/Zip Code

Home Phone

Cell or Work Phone

E-mail

Parent/Guardian Contact 2

Name

Mailing Address

City/State/Zip Code

Home Phone

Cell or Work Phone

E-mail

Parental Release

- ◆ I have read and agree to abide by Blue Angels Gymnastics Club's policies regarding tuition, late fees, attendance and attire.
- ◆ I understand that Blue Angels Gymnastics Club reserves the right to refuse instruction to anyone not abiding with Blue Angels Gymnastics Club's policies.
- ◆ **I agree to participate in all club fundraisers or pay the buy out fee for this season September 1, 2017 – August 31, 2018**
- ◆ I understand that Blue Angels Gymnastics Club reserves the right to cancel a class if enrollment is too small.
- ◆ I understand that Blue Angels Gymnastics Club is not responsible for lost items, stolen items, or unclaimed merchandise.
- ◆ I understand that meet fees may not be refundable, and may include a late fee if you do not commit by the posted date. If you sign up you are expected to pay the fee on time. It is the discretion of the host team whether refunds are allowed for injuries.

Please list any medical concerns or allergies that may affect your child(ren)'s participation _____

ASSUMPTION OF RISK/RELEASE FROM LIABILITY

I fully understand that the sport of gymnastics can be dangerous. I hold harmless the Blue Angels Gymnastics Club, instructors, Board of Directors, their successors, assigns, officers, agents, and employees from any and all claims, demands, liabilities, actions and causes of action whatsoever in any way growing out of or resulting from the participation of the forenamed child(ren) in B.A.G.C. classes, camps, meets, parades, and activities.

CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, as the parent or legal guardian of the minor child(ren), _____, give my permission and hereby authorize any physicians and their associates of an appropriate medical facility to perform such diagnostic, medical and or surgical treatment on my child as may be deemed necessary in order to assure safety of my child.

CONSENT FOR USE OF PHOTOS AND PROMOTIONAL INFORMATION

I, the undersigned, as the parent or legal guardian of the minor child(ren), _____, give my permission and hereby authorize the BAGC the use of my child's photo or information about competition results as they see fit for items such as but not limited to news releases, advertising, flyers, media, website, video, etc.

Signing this page informs us that you have read, understand and agree to abide by these policies, the volunteer program and the handbook.

Printed name

Signature

DATE

