

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, 2015 – August 31, 2016
- ◆ 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 and Date



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Fees

Gymnast Name
Annual Membership Fee \$ 50.00 75.00
Credit Card Fee(if applicable) \$ 2.00
Total Due \$

Payment Option #1: Monthly AutoPay

Pay your membership fee by cash, check or credit card. Your monthly fee will be debited from your bank account or credit card on the first day of each month.

Method of Payment Monthly AutoPay

I authorize Blue Angels Gymnastics Club to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

Terms of Billing

Starting on and on the 1st of each month following through for the amount of Monthly Lesson Fee

Bank Information

Bank ABA (Routing) Number:
Bank Account Number:

Bank Account Type: Checking Savings Business Checking

Credit Card Information

Name on Card:
Credit Card Number:
Expiration Date:

Visa MasterCard American Express Discover

This payment authorization is to remain in full force and effect until I, notify Blue Angels name Gymnastics Club of its cancellation by sending written notice in accordance with club policies and in such time and manner to allow both the Blue Angels Gymnastics Club and receiving financial institution a reasonable opportunity to act on it.

Printed name
Signature and Date

Payment Option #2: Annual Payment

Annual payment by cash, check or credit card. Deduct 5% from your entire registration.

If the available payment options do not meet your needs, please contact the Financial Director at bagcdelaney@centurytel.net to discuss more options.

For Office Use Only

September
October
November
December
January
February
March
April
May
June
July
August

BAGC MEMBERSHIP EXPIRES:
AAU MEMBERSHIP EXPIRES:
MAGA MEMBERSHIP EXPIRES: