



NUAGA REGISTRATION FORM 2014-2015

Gymnast Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Mother's Name: _____ HomePhone: _____

Cell Phone: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____

Email is very important; NUAGA sends many updates via email.

Person to contact in case of emergency: (other than parent)

Name: _____ Phone: _____

Physician: _____ Clinic or Hospital: _____

Does this student have any special needs, allergies or medical conditions we should be aware of?
YES _____ NO _____

If YES please explain: _____

Understanding that gymnastics is a potentially dangerous sport in which accidents and injuries may occur, I hereby agree to release the New Ulm Area Gymnastics Academy and its staff from any liability, claims, or demands of any nature. I also certify that my child is in good health and may participate in any program activities. In the event of an injury, I grant my permission to have my child treated at the nearest emergency medical center. I give my permission to have any images taken of my child used in any marketing material.

Signature: _____ Date: _____

FUNDRAISING

(Parent-Tot Classes Excluded)

Randy's Good Stuff (\$175 of product)
(Fall)

Raffle (25 tickets - \$3 each)
(Spring)

Cash/Check # _____ Date _____

Cash/Check # _____ Date _____

Buy-Out _____
(\$75.00)

Buy-Out _____
(\$75.00)

Annual Insurance Fees:

Parent/Tot: \$15

Preschool: \$20.00

Progressive/Team: \$30

Amount

Check

Date

Fall Session – Sept – Nov.

Class: _____

Total Due: _____ **Monthly** ____ **Session** ____

Amount Paid: _____ **Amount Paid** _____

Check # _____ **Check #** _____

Cash _____ **Cash** _____

Amount Paid: _____ **Cash/Check #** _____

Summer Session I –

Class:

Total Due: _____

Amount Paid: _____

Check # _____

Cash _____

Winter Session – Dec – Feb.

Class: _____

Total Due: _____ **Monthly** ____ **Session** ____

Amount Paid: _____ **Amount Paid** _____

Check # _____ **Check #** _____

Cash _____ **Cash** _____

Amount Paid: _____ **Cash/Check #** _____

Summer Session II –

Class:

Total Due: _____

Amount Paid: _____

Check # _____

Cash _____

Spring – Mar. - May

Class: _____

Total Due: _____ **Monthly** ____ **Session** ____

Amount Paid: _____ **Amount Paid** _____

Check # _____ **Check #** _____

Cash _____ **Cash** _____

Amount Paid: _____ **Cash/Check #** _____

Camp:

Class:

Total Due: _____

Amount Paid: _____

Check # _____

Cash _____