

## REGISTRATION FORM 2011-2012

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

*Please read these policies carefully as some have changed since last year.*

### 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, 2011 – August 31, 2012.
- ◆ 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

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

Payment Option #1: Monthly AutoPay
Pay your initial registration (September Lesson Fee plus Registration Fee) by cash, check or credit card. Starting October 1st, your tuition will be debited from your bank account or credit card on the first day of each month. Please fill out the section below for this option.

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. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing
Starting on and on the 1st of each month following
Month/Day/Year
through for the amount of
Month/Day/Year 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. There is a \$2 fee for credit card transactions.

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