



# NUAGA REGISTRATION FORM 2008-2009

Student #1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student #2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student #3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<u>FUNDRAISING- two required</u>		
Randy's Meats <input type="checkbox"/> <small>(September 2008)</small>	Taco Tickets (7) <input type="checkbox"/> <small>(February 20, 2009)</small>	Raffle (10) <input type="checkbox"/> <small>(Spring 2009)</small>
<i><b>First time families:</b> fundraising is waived for your first session.</i>		

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

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: \_\_\_\_\_

<b>How did you hear about NUAGA:</b>		<input type="checkbox"/> Other _____
<input type="checkbox"/> Flyer from School	<input type="checkbox"/> Website	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Newspaper	_____	

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