

PRE-TEAM CONTRACT

*PLEASE COMPLETE & RETURN by June 1, 2018.

Place this form in the RED registration box at the front desk.

<i>--office use only--</i>
_____ 1 day - 140
_____ 2 day - 185
_____ Monthly tuition

ALL AMERICAN GYMNASTICS 2018-2019

Gymnast Full Name:	Nickname:
Birthdate:	Age:
Email address(es) for gym updates:	
Street address:	City/State:
Home phone number:	Zip:
Mother/Guardian name & cell phone number:	School Gymnast Attends:
Father/Guardian name & cell phone number:	Grade 2018-19:
Emergency contact name and phone number:	Child lives with: ____ Both Parents ____ Mother ____ Father
Circle Summer Practice Day(s): 8:30AM-11:30AM -- Tues Thurs	Circle School Year Practice Day(s): 3:30PM-6:30PM -- Tues Thurs 4PM-7PM -- Fri

I, the undersigned participant and parent or guardian, if under eighteen, desiring to participate in the ALL SMILES – ALL AMERICAN GYMNASTICS team program, and all special activities, hereby release and agree to indemnify and save harmless ALL SMILES – ALL AMERICAN GYMNASTICS, their employees from any and all claims of any nature for injury or loss that may result from such participation or preparation for such participation. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the special event. Further, I certify that the entrant is in good physical condition and capable of participating in programs.

- I give permission for my child's image, voice, performance, or other data (name, age, level, school, etc.) to be used in any media form (print, website, exhibitions, etc.) for All Smiles-All American Gymnastics.

PARENT SIGNATURE: _____ DATE: _____

AAG Office Use ONLY

	Date Paid:	Check # or CC charge:
\$50 Insurance – due June 1		

