

**ALL AMERICAN GYMNASTICS**

**TEAM CONTRACT**

**2018-2019**

--office use only--	
_____ 1 day -155	_____ 3 day - 260
_____ 2 day - 215	_____ 4 day - 280
_____ Monthly tuition	
_____ NonComp	_____ Comp

\*PLEASE COMPLETE & RETURN by June 1, 2018. Place this form in the RED registration box at the front desk.

Gymnast Full Name:	Nickname:
Birthdate:	Age (as of June 1, 2018):
Team Level:	_____ Noncompete _____ Compete
Email address(es) for gym updates:	Medical Concerns:
Street address:	City/State:
Home phone number:	Zip:
Mother/Guardian name & cell phone number:	School Gymnast Attends (2018-2019):
Father/Guardian name & cell phone number:	Grade 2018-19:
Emergency contact name & phone number:	Child lives with: _____ Both Parents    _____ Mother    _____ Father

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			
\$57 USAG # - due June 1			
Facility Fee — due June 1 \$250 (non-compete) \$500 (compete) \$600 (family)			Remainder Due: due Dec. 1

