



Summer Training Clinics

7632 Hwy 71 West Austin, TX 78733 512-288-9722 office 512-288-4643 fax
www.neg-usa.com neg-usa@outlook.com

Child's Name: _____ Sex: ____ Age: ____ D.O.B.: ____/____/____

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Child's Name: _____ Sex: ____ Age: ____ D.O.B.: ____/____/____

Parent's Name: _____ Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Parent's Cell: _____ Parent's Work: _____

Parent's Cell: _____ Parent's Work: _____

Email: _____

- _____ Clinic #1 June 12-15 Gymnastics
- _____ Clinic #2 June 19-22 Power Tumbling
- _____ Clinic #3 June 26-29 Gymnastics
- _____ Clinic #4 July 10-13 Power Tumbling

- _____ Clinic #5 July 17-20 Gymnastics
- _____ Clinic #6 July 24-27 Power Tumbling
- _____ Clinic #7 July 31-August 3 Gymnastics
- _____ Clinic #8 August 7-10 Power Tumbling

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest medical facility.

Signature of Parent or Guardian: _____

Child's Physician: _____ Phone #: _____

Any medications taken or known medical problems: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and parent or doctor will be notified, if necessary. National Elite Gymnastics and staff cannot be held liable for injuries that occur on gym premises or otherwise in the care of National Elite Gymnastics personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my child while at National Elite Gymnastics and hereby agree to indemnify or hold harmless the gym, its owners, and employees against any and all claims which may arise from an injury to my child while participating in the program. I have read and abide by the guidelines.

Signature of Parent or Guardian: _____ Date: ____/____/____

Registration Fee: **\$30.00 per child** Cash/Check # _____

- Clinic #1 **\$160.00** Cash/Check # _____
- Clinic #2 **\$160.00** Cash/Check # _____
- Clinic #3 **\$160.00** Cash/Check # _____
- Clinic #4 **\$160.00** Cash/Check # _____

- Clinic #5 **\$160.00** Cash/Check # _____
- Clinic #6 **\$160.00** Cash/Check # _____
- Clinic #7 **\$160.00** Cash/Check # _____
- Clinic #8 **\$160.00** Cash/Check # _____