



# Summer Training Clinics

7632 Hwy 71 West Austin, TX 78733 512-288-9722 office 512-288-4643 fax  
[www.neg-usa.com](http://www.neg-usa.com) neg-usa@outlook.com

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 10-13 Gymnastics
- \_\_\_\_\_ Clinic #2 June 17-20 Power Tumbling
- \_\_\_\_\_ Clinic #3 June 24-27 Gymnastics
- \_\_\_\_\_ Clinic #4 July 8-11 Power Tumbling

- \_\_\_\_\_ Clinic #5 July 15-18 Gymnastics
- \_\_\_\_\_ Clinic #6 July 22-25 Power Tumbling
- \_\_\_\_\_ Clinic #7 July 29-August 1 Gymnastics
- \_\_\_\_\_ Clinic #8 August 5-8 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 # \_\_\_\_\_