

# Northern Elite Class Registration

2995 Lone Oak Circle • Suite 3 • Eagan 55121

\*Annual registration fee (May-April): \$35/individual and \$50/family, due with registration.

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Sex: F M Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class: Tae Kwon Do Cheer Camp Tumbling Private Team \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

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

Mother's Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Card Type: VISA MC

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

A 3% service fee will be charged to your credit card.

## MEDICAL INFORMATION

List any physical disabilities, chronic ailments, psychological disabilities and allergies for student.

Health Insurance Co. Name

\_\_\_\_\_

Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact if Parent/Guardian cannot be reached:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of NEAS accepting me/my child into participation and training in cheerleading, tumbling, dance, or Tae Kwon Do which activity I hereby acknowledge involves greater than normal risk of injury. I agree, to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in classes, programs, lessons, or competitions/meets.

I give my permission to NEAS and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection on my child while under the supervision of NEAS.

In case of an emergency, I understand that I/my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Me/my child will be transported at my expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, student's physician, and/or other acting on behalf of the parent can be reached.

**WARNING!** Catastrophic injury, paralysis, or even death can result from the improper conduct of the activity.

Further, I hereby release and agree to hold harmless and to indemnify NEAS employees, owners, or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

\_\_\_\_\_  
Parent/Guardian/Adult-Student Signature  
Date