

Northern Elite Team 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: _____ Team: _____

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: _____

Student's Email: _____ Student's Cell: _____

Referral: _____

FINANCIAL COMMITMENT

A valid credit card is required to be on file. If at anytime your balance is more than 30 days past due, your credit card will be charged for the past due balance as well as future payments. In addition, a 3% service fee will be charged to your credit card.

I understand that I/or my child is registered for a program offered by NEAS. By signing below, I acknowledge and agree to both the financial and time commitments involved with these programs. If I/we chose to leave NEAS, I agree to pay for all past due program fees and apparel expenses. I will be responsible for any portion of future expenses that have been paid on my behalf by NEAS (i.e. national's deposits, future competitions, camps). There are no refunds given for fees that have been prepaid on my behalf, even if I leave before the event takes place.

I understand if I do not pay for these fees, my account will be sent to a collection agency and I will be responsible for any fees associated with that agency.

Parent/Guardian/Adult-Student Signature _____ Date _____

Card Type: VISA MC

Card Number: _____

Expiration Date: _____

Signature: _____

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 _____

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: _____