

## SPGA MEMBERSHIP APPLICATION

Does NOT include USAG membership. (USA Gymnastics (USAG) is the national governing body for the sport in the United States) **USAG must be done independently via email invitation.** Please call/email Surgents if you are missing this invitation for USAG membership. Your child will ALSO need this to compete.

Level 4 only - 2019-2020 SPGA membership \$ 210.00 **(Check Only)**

Level 5 – 10 (Including JD) - 2019-2020 SPGA membership \$ 290.00 **(Check Only)**

*Please place the check and application into an envelope and drop into the SPGA mailbox in either gym.*

### SPGA Section (Please print as clearly as possible)

#### Gymnast Name

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

#### Parent 1 Name

First Name: \_\_\_\_\_

Last Name: : \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone (Area Code Phone Number): \_\_\_\_\_

#### Parent 2 Name

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone (Area Code Phone Number): \_\_\_\_\_

**Coach:**  Matt / Rich  Chris  Erik

**Level**  4  5  6  7  8  9  10  JD1  JD2

**Gym Location:**  Garwood  Roselle Park

**Photo release (Pick one)**

I hereby consent to the publication and use of my child's name and/or my child's likeness ("Likeness") for the purpose of promotion, publicity, advertising, or other manner or media by the SPGA or any other representative authorized to act on behalf of the afore-mentioned entity. Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of the SPGA and that neither I, nor my child, shall have any right of review or approval regarding the use of my child's name and/or Likeness in such material. I hereby release and hold harmless, the SPGA along with their respective employees, agents, affiliates, sponsors, or other representatives from any and all claims, demands, or causes of action arising out of the use of my child's name and/or Likeness, in accordance with the terms of this release. I understand and agree that neither I, nor my child, will be compensated in any way for the use of my child's name and/or Likeness by the SPGA.

I DO NOT agree to photo release

**Grade in School:** \_\_\_\_\_

**T-Shirt Size:**  CXS  CS  CM  CL  AS  AM  AL  AXL

**SPGA Conditions (Please Check Box)**

I agree to I understand that as a member of this organization, I am ALSO responsible for paying for my son's Meet Fees in advance as requested on the Meet Entry Forms that will be e-mailed to me prior to the competition season. I hereby enroll as a member in the Surgent's Parents Gymnastics Association (SPGA), a parents' group that supports the Surgent's Elite Boys' Competitive Gymnastics Team. I understand that this membership is required for my son's participation in all USA Gymnastics sanctioned meets. A fee of \$290 (please make a check payable to SPGA) is required to become a member of SPGA. This fee includes the SPGA Annual Membership Fee. IT DOES NOT INCLUDE USA Gymnastics Membership Application Fee. I understand that this fee of \$290 is non-refundable if my son leaves the Surgent Elite Boys' Team.

**SPGA Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_