

# 2019-2020 SGA Membership Financial Responsibility Acceptance Form

This form is required for all Booster Club members. If this form is not on file along with your first payment, your gymnast will not be registered as a USAG competitor. Upon registration, USAG will email participants with the confirmation link to complete membership. All USAG memberships need to be completed by September 5th.

**This form, along with the first payment is due on:  
August 15- Aug 31, 2019.**

I accept the financial obligations for the established Booster fees, payable to the Sunrise Gymnastics Boosters Club. These financial obligations are to be paid in full or by the scheduled payment plan dates. (See the 2019-2020 Booster Fee Payment Schedule)  
**If my financial obligations are not met to maintain a “membership in good standing” with the Booster club or proper withdraw/drop forms are not submitted by the deadline, I understand that my account will be billed for the full amount and my gymnast(s) will not be registered for any further competitions.**

Signature of Parent/Guardian \_\_\_\_\_ Printed \_\_\_\_\_

Email \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Name of Gymnast \_\_\_\_\_ Level \_\_\_\_\_  
(Please print this information)

Gymnast Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_.  
MO DAY YR

T-shirt Size YS YM YL S M L Pants XS S M L Leo Size CS CM CLS M L

### Guarantor for Billing:

\*\*\*\*Please print this information\*\*\*\*

Billing Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

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I accept responsibility for any assigned work sessions. These work sessions support home meets, allowing my son or daughter to compete in USAG (USA Gymnastics) sanctioned meets. Sunrise Gymnastics Boosters meet coordinators, and I will determine and assign my work obligations. **Failure to fulfill an assigned work session will result in an additional payment of \$75.00 in booster fees.** These charges will add to my financial obligation and will require payment within 15 days to maintain a "membership in good standing".

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contact for Work Sessions

\*\*\*\*Please print this information\*\*\*\*

Check here if this is the same as the Billing Contact.

Work Contact Name \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Mobile/Cell number (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Known dates of conflict Nov- March \_\_\_\_\_

Check here if you would prefer to **NOT** be listed in the Team Roster

### Social Media

Check here if you would prefer to **NOT** have your gymnast photographed or videotaped during practices. These would be used in our public social media to advertise positive things happening at our gym.

Primary SGA Booster Club communications are through email. Please make sure we have a current email for your account at all times. Email address changes should be sent to [SGAgymboosters@gmail.com](mailto:SGAgymboosters@gmail.com) and [sunrisegymnastics@buckeye-express.com](mailto:sunrisegymnastics@buckeye-express.com)

Signature \_\_\_\_\_

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