

Please Print Neatly and Fill Each Section



**Pricing:**

**High School: \$350**

**Middle School: \$250**

**Elementary School: \$150**

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Next Generation Academy Inc.  
P.O. Box 5720  
Fort Wayne, IN 46895



## Student Section

Last Name	First Name	DOB (mm/dd/yyyy)	Age
Email		Home Phone	
Ethnic Background: Caucasian   Black/African American   Hispanic   Asian   Other _____			
Street			
City		State	Zip
School		Grade	
School Activities			
Community Activities			
Program:	Basketball	Music	Judo   Wrestling
Have the student ever been convicted of a misdemeanor or felony? Yes or No			
If Yes, Please			
Explain _____			
Have the Student ever been on probation? Yes or No			
If yes, are they presently on probation? Yes or No			
Have the student ever been in a treatment program for drugs, alcohol, or mental illness? Yes or No			
If yes, How long ago? _____			

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## Parent/ Guardian Section

Last Name		First Name		Cell Phone
E-mail				
Please select the best number to contact you: Home    Work    Cell    Other _____				
Marital Status: Married		Single	Separated	Divorced    Widowed
Spouse Last Name		Spouse First Name		Cell Phone
Spouse E-mail				
Annual Household Income: <25,000      25,000-49,000      50,000-100,000      >100,000				
Parent Employment Information				
Employer _____				
Occupation _____				
Work Phone _____				
Spouse Employment Information				
Employer _____				
Occupation _____				
Work Phone _____				
Would you or your spouse like to volunteer with the program? Yes or No				
If yes, who and which program _____				
<b>Office Use Only</b>				

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## Student Insurance Agreement

\_\_\_\_\_  
Student Full Name

I \_\_\_\_\_ agree to the participation of my child in the \_\_\_\_\_ program.

I understand that Next Generation Academy Inc. will provide professional staff members who will supervise all program sessions. Parents or Guardian are permitted to visit the program site during the sessions and ask questions about the program. With all the programs, there is a risk of possible injury from participation, I understand that Next Generation Academy Inc. will provide group accident insurance, but will not cover all medical bills. The group accident insurance will be secondary to any family insurance available. Any medical bills above those covered by the insurance will be the responsibility of the student's parent or guardian. I agree that Next Generation Academy Inc., other agencies and any other personnel participating in the program is not liable for any injuries that may occur during the program.

### Emergency Contacts

\_\_\_\_\_  
(One) Contact Full Name    Relationship    Phone Number

\_\_\_\_\_  
(Two) Contact Full Name    Relationship    Phone Number

I \_\_\_\_\_ authorize Next Generation Academy Inc. staff to provide any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above minor under the general supervision and advice of a licensed physician or surgeon.

\_\_\_\_\_  
Signature and Date of Parent or Guardian

Chronic Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Medical Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Next Generation Academy, Inc

### Electronic, Photo, Video Release Form

I hereby grant Next Generation Academy, Inc (NGA) and its employees, representatives and agents consent to photograph/videotape my child/children and to use the photographs/videotapes for print products, advertising, television and DVDs promoting Next Generation Academy, Inc (NGA) and its programs.

I also agree that all photographs, film, video recordings, videotapes and other visual mediums will remain the sole property of Next Generation Academy, Inc (NGA) after my child leaves the program.

Name of Participant (please print): \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian's Signature (if under age 18): \_\_\_\_\_

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

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## Next Generation Academy, Inc.

### Uniform Info

Student Name: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Pants Size: \_\_\_\_\_

Please send application with check or money Order to:

**P.O. Box 5720**  
**Fort Wayne, IN 46895**