

Tri-County YMCA Gymnastics

Athlete Agreement and Parent Consent Form



Read the following carefully and sign below

Note: Parent and student should sign if the student is under 18 years

Child's Name: _____

Athlete Membership Agreement and Information

Fill in all blanks, submit forms for the current season only (through December 31, 2010), bearing original signatures (photocopies or facsimiles are not acceptable).

Agreement

In consideration of my membership in the Tri-County YMCA Gymnastics Program, and the Tri-County YMCA Gymnastics classes, events, competitions, and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of the Tri-County YMCA and Tri-County YMCA Gymnastics Program.

2. Readiness to Participate: I will only participate in those Tri-County YMCA Gymnastics classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.

3. Medical Attention: I hereby give my consent to the Tri-County YMCA and/or any competition host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that the Tri-County YMCA, and the sponsor of any Tri-County YMCA Gymnastics event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event of gymnastics.

Information

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through: _____

I am a citizen of the United States of America: _____ Yes _____ No

Signature of Athlete: _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by the Tri-County YMCA and the Tri-County YMCA Gymnastics Program.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Information

Parent or Guardian _____ Home Phone _____

Cell Phone _____ Work Phone _____ Other _____

Address _____ City _____ State _____

Pre-Existing Medical Conditions (allergies or chronic illnesses) _____

Alternative Emergency Contact _____ Phone _____