

Turner's Gymnastics, Inc.
Team Information & Registration 2008 - 2009

Team Permission Form

This agreement shall be effective between
Turner's Gymnastics, Inc.

their instructors and coaches, employees, officers, and the undersigned athlete and the athlete's parents, who accept the contents hereof as a condition to participating in gymnastics training, competition and associated activities.

1. I am aware that certain dangers exist that are related to the sport of gymnastics; a sport that involves height and motion and the possibility of substantial harm, including interalia, bruises, broken bones, spinal cord injuries, quadriplegia, brain damage and even death.
2. I recognize that this exposure to harm exists and assume all risks and accept full responsibility for injuries, damages or losses which I may incur as a result of and in connection with my participation in gymnastics practice, competition and related activities.
3. I am both physically and psychologically prepared to participate in team practice and competition. I will, to the best of my ability, attempt to perform each of the exercises assigned to me according to proper method and technique as instructed by my coaches.
4. I am familiar with the rules and policies for Athletic Membership in USA Gymnastics Junior Olympic Program and I intend to be bound by the USA Gymnastics Eligibility Code and, to the best of my knowledge, I am an amateur gymnast as defined by USA Gymnastics and I will not knowingly violate any provision of the eligibility code at any time.
5. I am familiar with the rules and policies for participation in the TEAM PROGRAM at Turner's Gymnastics and intend to be bound by the decisions made by Brian Turner and the coaching staff, as well as team parents acting on behalf of Turner's Gymnastics.
6. I represent that I am adequately covered by health care insurance through:

Company _____ **Policy No.** _____ and such other accident and/or disability insurance of my choice.

I certify that I have read and understand this entire document before signing and that the information provided for registration is correct and true.

Date _____ Athlete's Signature _____

As the legal parent and/or guardian for _____, I do certify that I have read and fully understand the contents hereof and accept the same as a condition for permitting my child to participate in gymnastics training and competition.

Date _____ Parent's Signature _____

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Gymnasts Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email address _____

Your Email address will be use EXTENSIVELY in 2008 - 2009 to pass on important program information and scheduling changes. Please don't omit this critical link between you and the gym!

Mother's Name _____

Mother's Cell Phone _____

Father's Name _____

Father's Cell Phone _____

Current Age _____ Date of Birth _____

**An athlete's social security number is NO LONGER required by our national association. ** **That information has been deleted from our records for your protection. **

On the back of this form please list any handicaps, chronic ailments and injuries or allergies which we should be aware of during a gymnastics meet or practice or in case of a medical emergency. Below please list the name of a friend or relative who can be contacted in your absence during an emergency. Thank You.

Person's Name _____

Phone Number _____ Relationship _____