

YMCA NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

### GYMNAST REGISTRATION FORM

(Required for EACH participating GYMNAST)

2017 YMCA National Gymnastics Championships  
Hosted by the Islands Family YMCA  
Savannah, GA  
June 29, 2017 – July 2, 2017

PLEASE PRINT

Gymnast: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Birth date (MM/DD/YYYY) Male/Female Phone

Address: \_\_\_\_\_  
Street City State Zip

Competitive Level: \_\_\_\_\_ Graduating Senior? \_\_\_\_\_ (check if yes) Masters Div.? \_\_\_\_\_ (check if yes)

National Gymnast Meet Shirt (included in entry fee). Circle one size. CS CM CL AS AM AL AXL

**ENTRY FEES:** includes Opening Ceremonies Ticket Package, Access to all competitive sessions, shirt, pin, goodie bag  
**NO REFUNDS CAN BE MADE**

\_\_\_\_\_ \$100 Men and Women gymnasts entered in Level 1 – 7 or Xcel Competition  
\_\_\_\_\_ \$110 Women gymnasts entered in Level 8 Competition  
\_\_\_\_\_ \$120 Men's (L8-L10) and Women's (L9-L10) Championship Division Competition  
Late Fee \$25.00 per gymnast for entries postmarked after March 20, 2017, if accepted.

**MEDICAL INFORMATION AND RELEASES (2 signatures REQUIRED) In Case of Emergency:**

1. \_\_\_\_\_  
Name Relationship Phone  
2. \_\_\_\_\_  
Name Relationship Phone

**CHRONIC AILMENTS**

\_\_\_ Asthma or other respiratory problems \_\_\_ Circulatory/heart \_\_\_ Diabetes or hypoglycemia \_\_\_ Epilepsy  
\_\_\_ Hemophilia/bleeding problems Other: \_\_\_\_\_

Details: \_\_\_\_\_

**ALLERGIES** (state NONE if applicable): \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:** Company \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY**, and I cannot be reached, I hereby give permission to the physician selected by my child's coach to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

> \_\_\_\_\_  
Parent/Guardian Signature Relationship Date

**LIABILITY WAIVER: I assume all risks and hazards incidental to this event on behalf of my child and/or myself. I do further release, absolve, indemnify and hold harmless the YMCA of the USA, the YMCA of Coastal Georgia, Savannah International Trade and Convention Center, event sponsors, judges, volunteers, equipment suppliers, their agents, representatives or assigns, for any injury to my child or me, attributable to the absence of ordinary or even slight care by the event organizers, equipment suppliers, facility owners, or conduct of this event. Finally, I agree to the use of my or my child's image/likeness in any materials including, but not limited to, those in print, publication, broadcast, and/or on the internet resulting from participation in this event. The signature below attests to this. For entrants under 18 years of age, parent or legal guardian must sign.**

> \_\_\_\_\_  
Parent/Guardian Signature Relationship Date