

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

### GYMNAST REGISTRATION FORM

(Required for EACH participating GYMNAST)

2019 YMCA National Gymnastics Championships

Hosted by the Green County and Stateline Family YMCAs

Wisconsin Dells, WI

June 19, 2019 – June 23, 2019

**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

**NEW: Do you plan to attend the Celebration of Champions, Friday, June 21, 2019? YES NO**

**ENTRY FEES:** includes Celebration of Champions Ticket Package, access to all competitive sessions, shirt, pin & goodie bag

**NO REFUNDS CAN BE MADE**

\_\_\_\_\_ \$100 All Men Levels and Women gymnasts entered in Level 1 – 7, Xcel or HUGS Levels

\_\_\_\_\_ \$110 Women gymnasts entered in Level 8 Competition

\_\_\_\_\_ \$120 Women's Championship Division Competition

\_\_\_\_\_ \$25.00 Late Fee per gymnast for entries postmarked after April 1, 2019, 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, Green County YMCA, Stateline Family YMCA, Woodside Wisconsin Dells Center Dome, 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. The signature below attests to this. For entrants under 18 years of age, parent or legal guardian must sign.

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

**Any questions regarding information on this form should be directed to your local YMCA designated National Contact Person or coach.**