

Athlete Membership Agreement and Information

Fill in all blanks—submit forms for current season only, bearing original signatures (photocopies or facsimiles not accepted.)

Athlete's name _____ Date of Birth _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Parent's Name _____

Work phone #s _____ Home phone #s _____

Name and phone # of person to contact in an emergency if we cannot reach you:

Name _____ Phone _____

AGREEMENT

In consideration of my membership in Lakes Region Gymnastics Academy, Inc., and my participation in Lakes Region Gymnastics Academy, Inc. classes, events and activities, I agree to be bound by each of the following:

- Eligibility:** I agree to comply with the rules of Lakes Region Gymnastics Academy, Inc.
- Readiness to Participate:** I will only participate in those Lakes Region Gymnastics Academy, Inc. 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.
- Medical Attention:** I hereby give my consent to Lakes Region Gymnastics Academy, Inc. and/or the 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.
- 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 Lakes Region Gymnastics Academy, Inc. and the sponsor of any Lakes Region Gymnastics Academy, Inc. 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, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

INFORMATION

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

Please list any past or present accidents, illnesses or injuries: _____

Is the athlete on any medication? _____ Does athlete have any learning disabilities? _____

Date _____ 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 Lakes Region Gymnastics Academy, Inc.

Printed name _____ Signature of _____
of Parent/Guardian _____ Parent/Guardian _____ Date _____