

Name of Athlete Membership Applicant (print) _____

ATHLETE MEMBERSHIP AGREEMENT

In consideration of my membership at *GYMNASTIQUE* International, hereinafter referred as “*GYMNASTIQUE*”, and with my participation in *GYMNASTIQUE* events, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of *GYMNASTIQUE*.
2. Readiness to Participate: I will only participate in those *GYMNASTIQUE* classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to competition, I will have practiced my exercises and will perform only those skills 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 *GYMNASTIQUE* 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 in *GYMNASTIQUE* events.
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 *GYMNASTIQUE*, and the sponsor of any *GYMNASTIQUE* 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.

I also understand that it is the parent’s responsibility to warn the child about the dangers of gymnastics and injury and to encourage the child to follow all the safety rules and coach’s instructions. The parent should warn the child according to what the parent feels is appropriate. GYMNASTIQUE will only warn the child through “Safety Messages” and our teaching style and progressions.

Signature of gymnast

Date signed

As a 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 this event and have explained in a language understood to the child the above conditions.

Signature of parent/guardian _____ Date _____

Home address _____

City _____ Zip _____ Home Phone _____

E-mail address _____ Class _____

Identification and Emergency Information

Child's Name (last name, first): _____ Birth date: _____

Father's Name: _____ Home Phone: _____ Cell: _____

Business Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Home Phone: _____ Cell: _____

Business Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Name of Persons that can be contacted in the event that the parent/guardian cannot be reached:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Allergies or Other Medical Limitations: _____

Physician's Name: _____ Phone: _____

Medical Insurance Company: _____ Policy/Group #: _____

Preferred Medical Facility In Case of Emergency: _____

**In case of emergency, if the parent/guardian cannot be reached GYMNASTIQUE staff will call 911 emergency services.*

For Office Use Only:

Last Name Filed Under: _____ Non-Active Date to File Under: _____