

# Competitor Release Form

2011 - 2012 Season

Gymnast's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Club Name \_\_\_\_\_

## **PARENT CONDUCT AND RELEASE**

When attending meets with your child, please keep in mind that your hosts are all parents volunteering their time, so please be good guests. Without these volunteers who are willing to host meets, there would be no League. If the meet doesn't run like clock work, if the facilities aren't as nice as yours, remember how hard everyone has worked to provide the opportunity for your child to compete. If you have serious complaints, PLEASE PASS THEM ALONG THROUGH YOUR COACH OR GYM OWNER.

Please sit only in the designed spectator areas. Unless marked all mats and equipment are off limits to spectators. There is NO FLASH PHOTOGRAPHY at a gymnastics meet. Please turn off all cell phones when you enter the gym. Do not speak or signal to your gymnast from the sidelines during competition. Cheering is allowed but no yelling or screaming. Even though your gymnast is done there are 3 other events still going on. If your child is injured DO NOT come down onto the competition area. If you are needed you will be asked to approach. All gymnasts are expected to stay for the ENTIRE awards ceremony. Do not be rude and have your gymnast stand up in the middle of awards to leave. Everyone notices! If there is a concern regarding your gymnast's score it should be taken up with your coach, do not interrupt the awards presentation.

By signing this document you verify that your gymnast will not compete in any other gymnastics league from December 1st - Championships weekend. If found to have done so you understand that they will be suspended from the league for the remainder of the season as well as all your team mates and your club with forfeiture of all fees paid to the league.

My child \_\_\_\_\_ has my permission to participate in gymnastics competitions under the auspices of the *Gymnastics League, Inc.* I understand participation in gymnastics involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I hereby avow that the above named minor has had a medical examination within the last twelve months and is capable of participating in sports. If necessary, I authorize the appropriate parties at *Gymnastics League, Inc.* sponsored meets to administer first aid and/or authorized medical treatment. Since participants are expected to carry their own accident and medical insurance, I agree to be responsible for all medical bills incurred resulting from illness and/or injury during my child's participation in the Gymnastics League, Inc.

BY SIGNING THIS RELEASE, I UNDERSTAND THE POLICIES AND LIABILITIES THAT MAY OCCUR IN SPORTS ACTIVITIES.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature & Date

