



North Central MO YMCA Gymnastics or Cheer Session ___ Paid _____
2011-2012 MEMBER REGISTRATION Class _____

ATHLETE INFORMATION

Name: _____
 Address: _____
 City: _____ Zip: _____
 Gender: ___ Age on 8/31/11: _____ DOB: _____
 School _____
 Athlete's Cell Number: _____
 Athlete's Other Number: _____
 Athlete's Email: _____
 # of years in gymnastics or cheer _____
 Level competed last year _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: _____
 Cell Number: _____
 Other Number: _____
Email (very important!) _____
 Parent/Guardian 2: _____
 Cell Number: _____
 Other Number: _____
 Email: _____

MEDICAL INFORMATION

Please list any physical/psychological limitations, injuries, or weakness that may affect the athlete's participation and/or performance:

Medication: _____ Insurance Carrier: _____
 Allergies: _____ Policy Number: _____
 Doctor's Name: _____ Emergency Contact: _____
 Doctor's Number: _____ Emergency Contact Number: _____

**North Central YMCA Gymnastics
 Acknowledgement, Authorization, & Release Form**

In consideration for (athlete's name) _____'s participation in the activities provided by North Central YMCA Gymnastics, including but not limited to all aspects of tumbling, and bar, beam, and vault training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury or even death. I hereby release North Central YMCA, including its officers, board members, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premises of N.C. YMCA, including any event sponsored or sanctioned by N.C. YMCA, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Missouri law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend N.C. YMCA, including its officers, board members, agents, and employees, from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by N.C. YMCA Gymnastics. This release is intended to be binding upon the athlete his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I have read and understood the registration form and agree to all terms as stated above. I also attest that all information is factual. I certify that the athlete is in good health and may participate in activities at N.C. YMCA Gymnastics. It is the responsibility of the parent/guardian to inform N.C. YMCA Gymnastics of any updates throughout the year. In case of an emergency requiring medical treatment, the undersigned hereby authorizes N.C. YMCA Gymnastics to take the above named athlete to a qualified medical or hospital facility or care and treatment. I give N.C. YMCA Gymnastics the right and permission to film, photograph, or videotape the above named athlete or me for any reproductions associated in any way with any N.C. YMCA Gymnastics event, in particular, reproduction for use in any form of advertisement for promotional purposes. I understand that I am fully responsible for any and all fees incurred through participation with N.C. YMCA Gymnastics. In the event the above named is dismissed or quits the program, I understand that I am still fully responsible for any and all fees incurred and all services rendered.

Athlete's Name: _____
 Athlete's Signature: _____
 Date: _____
 Parent/Guardian's Name: _____
 Parent/Guardian's Signature: _____
 Date: _____

FOR OFFICIAL USE ONLY

Registration Date: _____
 Class Placement: _____
 Session Date: _____
 North Star Leotard or All-Star Cheer Outfit
 Size: Adult S M L XL Youth S M L _____
 1st payment _____ 2nd _____ Paid in full _____