

Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years.

## Athlete Membership Agreement and Information For TRI-STAR GYMNASTICS, INC.

Fill in all blanks; submit form for current season only, bearing original signatures (photocopies or facsimiles not acceptable).

### Agreement

In consideration of my membership to Tri-Star Gymnastics, Inc., and my participation in (Tri-Star Gymnastics classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Tri-Star Gymnastics, Inc.
2. **Readiness to Participate:** I will only participate in those Tri-Star Gymnastics 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 that 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 Tri-Star Gymnastics 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 cause of my participation.
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.

### Information

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

Please print \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

1<sup>st</sup> Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birthdate \_\_\_\_\_

I am a citizen of the U.S.: Yes \_\_\_\_\_ No \_\_\_\_\_ Signature of Athlete 18 yrs. \_\_\_\_\_

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 Tri-Star Gymnastics, Inc.

**PRINTED** name of Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Initial I HAVE READ THE REVERSE SIDE OF THIS AGREEMENT AND SIGNED THE WAIVER AND RELEASE FORM. I have also received a copy of Proper Attire and Important Policy/ Rules Information.