YMCA NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GYMNAST REGISTRATION FORM**

(Required for EACH participating GYMNAST)

2020 YMCA National Gymnastics Championships

Hosted by the Lakewood Family YMCA and The YMCA of Greater Long Beach

Long Beach, CA

June 23, 2020 – June 27, 2020

***P L E A S E P R I N T***

Gymnast: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name Birth Date Male/Female Phone

(MM/DD/YYYY)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Street City State Zip

Competitive Level: \_\_\_\_\_\_\_\_ Graduating Senior? \_\_\_\_\_ (check if yes) Masters Div.? \_\_\_\_\_ (check if yes)

National Gymnast Meet Shirt (included in entry fee)

**Circle one size** CS CM CL AS AM AL AXL

**ENTRY FEES:** includes Opening Ceremonies Ticket Package, access to all competitive sessions, shirt, pin, and goodie bag

**NO REFUNDS CAN BE MADE**

\_\_\_\_\_\_\_\_\_\_\_ $110 All Men’s Levels, Women’s Level 1 – 7, all Xcel and Hugs Level gymnasts

\_\_\_\_\_\_\_\_\_\_\_ $120 Women gymnasts entered in Level 8 Competition

\_\_\_\_\_\_\_\_\_\_\_ $130 Men's and Women's (L9-L10) Championship Division gymnasts

\_\_\_\_\_\_\_\_\_\_\_ $ 25 Late Fee per gymnast for entries postmarked after March 2, 2020, if accepted.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION AND RELEASES (2 signatures REQUIRED)** In Case of Emergency:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone

CHRONIC AILMENTS

\_\_\_\_ Asthma or other respiratory problems \_\_\_\_ Circulatory/heart \_\_\_\_Diabetes or hypoglycemia \_\_\_\_ Epilepsy \_\_\_\_ Hemophilia/bleeding problems Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES (state NONE if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE INFORMATION:

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY, and I cannot be reached, I hereby give permission to the physician selected by my child's coach to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Relationship Date

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Relationship Date

Any questions regarding information on this form should be directed

to your local YMCA designated National Contact Person or coach.

**YMCA OF GREATER LONG BEACH**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, and/or branch affiliates, its directors, officers, employees, and agents (hereinafter referred to in this waiver as "releasees") from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program or activity affiliated with the YMCA. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant, or user of the YMCA premises or participant in YMCA programs or activities.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, claims and/or damage, liens, judgments, penalties, attorneys’ and/or consultants’ fees, expenses and/or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program or activity affiliated with the YMCA whether caused by negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children, due to negligence of releasee or otherwise, while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program or activity affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held inval id, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The parties agree that the County of Los Angeles, State of California is the appropriate venue for the enforcement or interpretation of this waiver and in the eve nt of litigation, the prevailing party shall be entitled to his/her/their attorney fees and costs from the losing party.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY

AGREEMENT, and further agrees that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

I give permission for the YMCA to use any pictures taken for future promotion purposes.

Applicant Name: Date of Birth: / / Gender: M / F

First Name Last Name

Address:

Street Unit# City State Zip Code

Phone: Home / Cell / Work / Other E-mail:

Emergency Contact: Phone:

First Name Last Name

**I HAVE READ AND UNDERSTAND THIS RELEASE**

Relationship:

Signature of Applicant Date

**OFFICE USE ONLY**

Staff Initial Receiving Waiver

Date

Signature of Applicant’s Parent/Guardian (if under 18)