



## TEAM REGISTRATION FORM

### Athlete Information

Gymnast Name: \_\_\_\_\_ Level: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have accidental medical insurance if so, who is your provider: \_\_\_\_\_

Any accidental injury insurance policy provided by FIRST STATE GYMNASTICS is a limited policy and is not intended to cover all medical expenses that may occur due to injury. I have been informed that it is strongly advised that all members of the team need to carry their own medical insurance. Furthermore, I agree not to hold FIRST STATE GYMNASTICS or its staff liable for any injuries that occur as a result of participation.

Signature (if over 18) \_\_\_\_\_ Date: \_\_\_\_\_ Parent/ Participant