

MIDWEST AMATEUR GYMNASTICS ASSOCIATION

ATHLETE REGISTRATION / WAIVER FORM

Gymnasts Name _____ Birthdate _____

Address _____ City/State _____

Gym Name: _____

Competition Team: _____

I hereby certify that the Athlete has full knowledge of and accepts the inherent risks that gymnastics presents. I further hereby certify that the Athlete is physically fit and will maintain physical condition essential to participation in the activity. I will not hold the this Gym, the Association or ScoreFlippers (registrar/stats) liable for risks, concerns or results of this sport. I will abide by all rules and regulations set forth and certify my compliance by my signing below. I also understand that registration fees are non-refundable.

Parents Signature

Date

Gymnasts Signature

- Competition Age group determined by age of gymnast as of January 1st of the competing year
- (Novice – 9 and under; Child – 10-11; Junior. – 12-13; Senior. – 14 and older)