

2019 CHAMPIONS GIRLS' COMPULSORY TEAM CAMP REGISTRATION  
(PLEASE PRINT)

Gymnast's Name: \_\_\_\_\_ Gymnast's Birth Date: \_\_\_\_\_

Choose One: \_\_\_\_\_ I am a New Competitive Gymnast. OR  
\_\_\_\_\_ In 2018-19, I competed at (circle one) Level: 1 2 3 4 or Xcel: Bronze Silver, Gold

For 2019-20 Competition, I am working skills for (circle one) Level: 1 2 3 4 or Xcel: Bronze Silver, Gold (if known)

Gymnast's T-shirt Size (circle ONE): YS YM YL AS AM AL

Gym Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Parent's/Guardian's Cell #: \_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_  
(Street/P.O. Box) (City, State, Zip Code)

Parent/Guardian E-mail Address: \_\_\_\_\_

May we give your child Tylenol or Ibuprofen? \_\_\_\_\_

If yes, which one and what dosage? \_\_\_\_\_

Having been informed of the activities conducted by Champions Gymnastics Center, I, a parent or guardian of the participant listed above, give my approval for my child's participation in any and all activities of the program. I assume all risks and hazards incidental to the program including transportation to and from these activities. I further release, waive, and forever discharge any and all rights to claims against Champions Gymnastics Center, its owners, instructors, and employees, holding them harmless from any illness or injury of the participant occurring during the program.

Furthermore, in the event of an emergency in which I cannot be contacted, I hereby authorize the directors of Champions Gymnastics Center to act on my behalf according to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems which would affect my child's ability to safely participate in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

I give Champions Gymnastics Center permission to photograph my child and use said photos for promotional purposes only understanding that Champions will not identify my child by name when doing so. However, I also understand that the name of the gymnastics facility at which my child practices may be named.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

CHAMPIONS GIRLS'  
COMPULSORY TEAM CAMP

Friday-Sunday June 21-23, 2019  
at  
Champions Gymnastics Center  
110 W. Highland  
Paragould, Arkansas 72450

Schedule:

Friday 2:00 p.m.-7:00 p.m.  
Saturday 9:00 a.m. - 4:00 p.m.  
(lunch break 11:45-12:45 Sat. ~ Bring a sack lunch.)  
Sunday 9:00 a.m.-12:00 p.m. ~ No lunch break

Who: All Levels 1-4 & Xcel Bronze, Silver, & Gold gymnasts  
(Brand new as well as experienced gymnasts are encouraged to attend.)

Cost: \$185 per gymnast (checks payable to Champions Gymnastics Center)

Lunch: Saturday gymnasts need to bring a sack lunch

Registration Deadline: Wednesday May 15, 2019 (Space is limited and filled on a first come, first served basis.)

If you have questions, please call us, or email us, or message us on facebook.

**DETACH AND KEEP THIS SECTION FOR YOUR INFORMATION**

**CHAMPIONS GYMNASTICS CENTER**

110 W. Highland  
Paragould, Arkansas 72450

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www.facebook.com/Champions.Gymnastics