

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

Gymnast's Name: _____ Gymnast's Birth Date: _____

Choose One: _____ In 2018-19, I competed at (circle one) Level: 4 5 6 7 8 9 10 or Xcel: Gold Platinum Diamond OR
_____ Other—Please Specify: _____

For 2019-20 Competition, I am working skills for (circle one) Level: 5 6 7 8 9 10 or Xcel: Platinum Diamond (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.

CHAMPIONS GIRLS'
OPTIONAL TEAM CAMP

Thursday - Saturday, July 11-13, 2019
at
Champions Gymnastics Center
110 W. Highland
Paragould, Arkansas 72450

Schedule:

3:30 p.m. - 7:00 p.m. Thursday
9:00 a.m. - 4:00 p.m. Friday & Saturday
(lunch break 11:45-12:45 Fri. & Sat. ~ Bring a sack lunch.)

Who: All Level 5 - 10 & Xcel Platinum & Diamond Gymnasts

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

Lunch: Friday & 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.

CHAMPIONS GYMNASTICS CENTER

110 W. Highland
Paragould, Arkansas 72450

Phone: 870-236-3286

Fax: 870-239-4028

E-mail: championsgymnasticscenter@yahoo.com

www.facebook.com/Champions.Gymnastics