

GYMNASTICS pre-team only REGISTRATION FORM

Month _____

Child's Name _____

Sex _____ Age _____ DOB _____

Address _____

City, State, Zip _____

Home Phone _____

Emergency Phone _____

*All communications will be sent to the contact person listed below.

Contact Name _____

D/O/B _____

Email Address _____

Phone _____

Address _____

City, State, Zip _____

Documentation of Notification

I certify that I have been notified of the risks that I assume when my child/ward is participating in the gymnastics pre-team program.

Parent's Signature: _____

Date: _____

Authorization for consent of treatment of a minor

The undersigned, as a parent or legal guardian of the child/ward registered on this form, hereby authorizes the Harrison Family YMCA and its delegated leaders, directors and instructors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician (which may not be the family doctor). It is understood that if time and circumstances reasonably permit, the Harrison Family YMCA will endeavor, but is not required to communicate with me prior to such treatment. The undersigned further agrees that the Harrison Family YMCA and its designated leaders, directors and instructors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent of treatment of a minor is given in good faith in connection with any authorized event and shall remain effective until revoked in writing and delivered to authorized Harrison Family YMCA representatives.

I have read and understand the above statement.

Parent/Guardian Signature _____

Date _____

Medical Insurance Company _____

Policy # _____

Harrison Family YMCA
1000 Independence Drive
Rocky Mount, NC 27804
252-972-9622
harrisonfamilyY.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEING A TEAM RAISING THE BAR

Gymnastics Team & Pre-Team

HARRISON FAMILY YMCA



GYMNASTICS PRE-TEAM

Practice Schedule:

Year round
Tuesdays & Wednesdays
6:00-7:30PM

Monthly Fees:

\$95/Members
\$105/Non-Members

*Pre-team participants are not required to be members of the YMCA.

Please register on the back of this brochure.

For more information or questions, please contact Sports Director, Kyree Bethel at 252-972-9622 ext. 227 or kbethel@rmymca.org



GYMNASTICS PRE-TEAM

What is it: This is a year round program, preparing advanced gymnastics students who wish to participate on our competitive gymnastics team in one year.

What will we do and learn: Participants will practice all four event areas of competitive gymnastics (floor, beam, vault and bars) in a safe and controlled environment. Gymnasts will condition and practice two times a week (see schedule to the left).

Pre-team is designed to prepare... gymnasts for the high demands of competition and to be a stepping stone for gymnasts to participate for 1-2 years before trying out for the competitive team.

****If interested, please register on the registration form, located on the back of this brochure.**



GYMNASTICS COMPETITIVE TEAM

What is it: This is a year round program for competitive gymnasts who wish to compete against outside teams and gymnasts within the state of North Carolina.

When will we meet: Competition season runs from December through April with approximately 6 meets/invitationals in addition to an end of season State Meet. Sports Director will give participant and parent specific details of when and where the meet will be.

How do we sign up: Team is by invitation only from the coaches. Gymnasts who wish to try out must attend the summer or fall try out. Gymnasts will not be permitted to join team half way through the season.

Ages: 5 and up

Levels:

- Bronze-Level 10
- Compulsory

Each level is required to practice a specific number of hours in order to compete. The cost per level ranges. Please contact our Sports Director, Merideth Stuart for details on the fees at 252-972-9622 ext. 227 or mstuart@rmymca.org

*Participants must be a Harrison Family YMCA member
*Participants are required to be members of USAG (USA Gymnastics) and NC Gymnastics
*Meet entry fees are not included in monthly level fees



USA GYMNASTICS.
Member Club