

2024-2025 Athlete Registration Form

* July 1, 2024 - June 30, 2025 *

Parent/Guardian First Name (1): _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

(Street / City / State / Zip)

Parent/Guardian First Name (2): _____ Last Name: _____

Email: _____ Phone: _____

(Address same as above)

Address: _____

(Street / City / State / Zip)

Athlete Information

Legal First Name: _____ MI: _____ Last Name: _____

(Preferred name to be used at NGA Sanctioned Events): _____

Athlete's Primary Medical Insurance Carrier _____

Athlete Mailing Address: Same as above

Address: _____

(Street / City / State / Zip)

DOB: _____ Gender: _____

Discipline: Women Men Level: 1N 2BN SN 3N 4N GN 5N 6N PN 7N 8N DN 9N 10N

(Circle Level)

T-Shirt Size: CXS CS CM CL CXL AXS AS AM AL AXL

(Circle T-shirt Size)

Club Name: _____

Club Address: _____

(Street / City / State / Zip)

ATHLETE AGREEMENT

- I hereby authorize _____ to process the athlete's application on my
(Name of current gymnastics club facility)
behalf.
- I understand that as legal Parent/Guardian I must sign the required Athlete Membership Waiver/Release of Liability agreement and must do so prior to my child competing at any National Gymnastics Association sanctioned, sponsored or other event(s).
- Adult Athlete – age 18 yrs. and older, I understand that I must complete an Abuse Prevention Training course, details found online at www.nationalgym.org
- I understand and accept the TERMS AND CONDITION OF MEMBERSHIP, found by visiting www.nationalgym.org
- Membership fees are non-refundable, and non-transferable.

Legal Parent/Guardian Signature _____ Date: _____

Athlete Signature (only if 18 years of age and older): _____ Date: _____

PAYMENTS SHOULD BE MADE DIRECTLY TO THE CLUB - \$40

Athlete Membership Forms and Waiver/Release must be signed by the parent or legal guardian before an athlete can be registered for membership with NGA. All completed forms are to be kept on file in the Club Member location and be easily accessible in case of injury and/or audit. Forms may be copied front to back or be 2 pages.

NGA ATHLETE MEMBERSHIP WAIVER/ RELEASE of LIABILITY READ BEFORE SIGNING

I CERTIFY, I am the parent or legal guardian, with legal responsibility for _____ hereinafter referred to as the "Athlete". In consideration of the Athlete being allowed to participate in any way in a National Gymnastics Association sanctioned, sponsored or other event, related events and/or activities (NGA Program), the undersigned acknowledges, understands, and agrees that:

The risk of injury and/or illness (ex: communicable diseases such as MRSA, influenza, and/or COVID-19) to my child from the activity(ies) involved in the NGA Program is significant, including the potential for catastrophic injury/permanent disability and/or death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, and/or Guardian, ATHLETE, I KNOWINGLY and FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others, and assume full responsibility for my Athlete's participation; and,
2. I willingly agree to comply with the NGA Program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my Athlete's readiness for participation and/or in the NGA Program itself, I will remove my Athlete from participation and bring such to the attention of the nearest official immediately; and,
3. I myself, and/or Guardian Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE NGA and their respective directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH or loss or damage to person or property incidental to my Athlete's involvement or participation in the NGA Program, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
4. I, for myself, my spouse, my Athlete, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS NGA AND RELEASEES FROM ANY AND ALL LIABILITIES incident to my Athlete's involvement or participation in the NGA Program, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law; and,

5. I certify Athlete is physically fit to take part in all NGA Programs; and,
6. I authorize any medical evaluation or treatment of Athlete that may be advised or recommended by the attending medical personnel of the host organizations choice while participating in NGA Program events; and,
7. I assert that I have explained to my Athlete: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my Athlete understands this agreement.
8. I further agree that my participation in any publication and/or website produced by NGA confers upon me no rights of ownership whatsoever. I release NGA, its contractors and sub-contractors & its employees from liability for any claims by me or any third party in connection with my participation.

I, FOR MYSELF, MY SPOUSE, AND ATHLETE, HAVE READ THIS WAIVER/RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Athlete: _____ Name of Gym Club _____

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

UNDERSTANDING THE RISK FOR PARTICIPANTS 18 AND OVER

I understand the seriousness of the risks involved in participating, my personal responsibility for adhering to rules and regulations, and accept such risks as a participant, age 18 or over. I also understand I must complete the *Abuse Prevention Training Course* to participate as an Athlete.

Name of Athlete: _____ Gym Club _____

Signature of Athlete: _____ Date: _____