



TWIN CITIES RHYTHMIC

REGISTRATION FORM

To register with the TCR club please fill out the form below.

Gymnast's First name _____ Last name _____

Date of birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Mother name _____ Father name _____

Primary Contact

In the event of an emergency, TCR will attempt to reach the primary contact first.
Information from TCR will be sent to the primary contact via email.

First Name Last name _____

Phone _____ E-mail address _____ Relationship to gymnast _____

Medical Information

Are there any medical, family circumstances, or religious requirements of which the coach should be aware?

Yes No If yes, the coach will arrange a private interview.

Parent/Guardian Consent of Participation and Waiver

I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for Twin Cities Rhythmic (TCR) use in the delivery of a gymnastic program. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I understand that TCR has tried to create a safe and controlled environment for participation and that TCR has established rules for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of TCR may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the TCR.

I hereby give permission for emergency medical treatment to be administered to my daughter, as may be determined in the reasonable discretion of her Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis; treatment required and anticipated medical results.

Registration fee \$20.00 (Registration fees are required before the start of the first class)

Signature _____

Date ____/____/____