



2011-2012 GTCO Volts

Registration Tryout Form

Registration forms can be submitted to our front desk or mailed in prior to tryouts.

The GTCO Volts

500 Conover Drive, Franklin, Ohio 45005

Register TODAY and start attending our Open Gym for FREE (Sundays 7-8p). Clinics: May 15th - 21st | Tryouts: May 22nd. Clinics and Tryouts are mandatory.

Please fill out all information thoroughly. One form per participant. Thank you !

Today's Date: ____/____/____ Parent's e-mail (Req'd): _____

Name of Athlete: _____ DOB: ____/____/'____ Age: _____

Age as of (August 31st, 2011) : _____ Returning Member? Yes No

Parent's Name: _____

Mailing Address: _____

Phone Number: _____

Cell Phone Number: _____

School District: _____

Trying out for: [] National Teams (traveling), [] Local Teams (non-traveling)

[] Hip-Hop or [] Not Sure (we will help you decide!). Select all that apply.

List any previous injuries or medical concerns: _____

List most advanced skills (tumbling, stunting, and yrs of cheer)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

-----REQUIRED INFORMATION-----

My daughter/son is interested in crossing over to another team: [] National Team or [] Local Team **

***Each eligible athlete will be placed in a primary and a secondary (crossover) team.**

****There are NO additional gym fees for the 2nd team. If doing both local and national teams, the national team will be primary by default.**

-----PAYMENT INFORMATION-----

I have enclosed \$ _____, along with the registration form

cash or check # _____.

(Checks can be made payable to: GTCO).

Cost of Tryouts

Returning Members: \$30.00

Non-Members: \$35.00

Tryout fees are due upon submission of registration

Payment is final and not refundable

*Checks can be made payable to: **GTCO**

*This is a one-time, non-refundable payment

We are looking forward to a fantastic '11-'12 season and we hope to have you as part of this amazing journey!!

G-T-C-O Volts *where we cheer, compete and grow together* — everyone, welcome!

AN EMAIL WILL BE SENT WITH A LINK TO OUR TRYOUT RESULTS

If you have any questions or comments please contact:

Victor Zamora | tel: 937-660-8307 | email: Cheer@GTCOhio.com | web: www.GTCOVolts.com

**GYMNASTICS TRAINING CENTER OF OHIO, INC.
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

As the parent or legal guardian of _____, I hereby consent to the above named person participating in the programs offered by Gymnastics Training Center of Ohio, Inc. I recognize that potentially severe injuries including sprains, strains, broken bones, permanent paralysis or death can occur in any activity involving motion or height, including gymnastics. I UNDERSTAND AND ACCEPT THE RISK INHERENT IN ANY PHYSICAL ACTIVITY. I also realize that my child will be performing and training on all gymnastics equipment and other training devices including the trampoline.

In consideration for the use of the Gymnastics Training Center of Ohio, Inc., facility, I hereby forever release the owners, officers, coaches, or any employee of Gymnastics Training Center of Ohio, Inc. from all liability for any and all damage or injuries suffered by my child (present or future) while under the instruction, supervision or event hosted by the Gymnastics Training Center of Ohio, Inc., it's owners, officers coaches or employees.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of the Gymnastics Training Center of Ohio, Inc.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

All class fees are non-refundable.

SIGNATURE OF PARENT OR GUARDIAN _____
DATE _____

EMERGENCY MEDICAL AUTHORIZATION
Consent Granted as Per Below

If reasonable attempts to contact me at _____ (phone # with area code) or (other responsible party) _____ at _____ (phone # with area code) have been unsuccessful, I hereby give consent for: (1) at he administration of any treatment deemed necessary by Dr. _____ (practitioner) or Dr. _____ (dentist), or in the event the designated practitioner is not available, another licensed physician or dentist and (2) the transfer of the child to _____ (preferred hospital) or the nearest care facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concerning the necessity for such surgery are obtained.

Facts concerning the child's medical history which a coach or physician should be aware of:

SIGNATURE OF PARENT OR GUARDIAN _____
DATE _____

FAILURE TO COMPLETE THIS FORM WILL MAKE IT IMPOSSIBLE FOR THE GYMNASTICS TRAINING CENTER OF OHIO, INC., TO ALLOW YOUR CHILD TO PARTICIPATE IN LCASSES, PRACTICES OR COMPETITIONS.

**GYMNASTICS TRAINING CENTER OF OHIO, INC.
DUAL RELEASE OF LIABILITY WAIVER^R**

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I, (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of *Gymnastics Training Center of Ohio, Inc.* (releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of *Gymnastics Training Center of Ohio, Inc.*

Participant signature (if over 18)

Minor Release

Name of Parent/guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any

BLANKET WAIVER

Due to insurance regulations, every person entering the main facility must read the following waiver and sign below as an acknowledgment that he/she understands the following agreement:

I acknowledge that by participating in gym activities and/or by moving around in the gym, with its equipment and possible uneven surfaces, there is a risk in injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for which I am responsible for, incur an injury. By waiving the option to sue, I also thereby release *Gymnastics Training Center of Ohio, Inc.* and it's agents or employees from liability for such injury.

Adults are never allowed on any equipment.