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Read the following carefully and sign below

Athlete Membership Agreement and Information

Fill in all blanks, submit forms for the current season only, bearing original signatures (photocopies or facsimiles are not acceptable).

Agreement

In consideration of my membership in *Rhythmic Gymnastics of Indiana*, and my participation in *Rhythmic Gymnastics of Indiana* classes, events, competitions, and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of *Rhythmic Gymnastics of Indiana*.

2. Readiness to Participate: I will only participate in those *Rhythmic Gymnastics of Indiana* classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.

3. Medical Attention: I hereby give my consent to *Rhythmic Gymnastics of Indiana* and/or the *Performing Arts Center (Carmel Dance Center & Carmel Gymnastics)* to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

4. Waiver and Release: I am 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 gymnastics activities and events. I further agree that the *Rhythmic Gymnastics of Indiana*, and the sponsor of any *Rhythmic Gymnastics of Indiana* event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Primary Medical Insurance:

I am covered by a primary health/medical/accident insurance through: _____

I am a citizen of the United States of America: ___ Yes ___ No.

Signature of Athlete: _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by *Rhythmic Gymnastics of Indiana*.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____