REGISTRATION FORM

2026 - 2027 OLYMPIA RHYTHMIC GYMNASTICS

Athlete Information:

Last Name:

_____ _____

First Name: _____ **Home Phone #** _____

Address/Postal Code _____

Date of Birth: (DD/MM/YY) _____ **Health Card #** _____

Allergies/Medications_____

Past Injuries _____

Contact Information:

Mother's Name _____

Mother's e-mail address: _____

Business Phone # _____ **Cell Phone #** _____

Father's Name (if applicable) _____

Business Phone # _____ **Cell Phone #** _____

Father's e-mail address: (if different from above):_____

Emergency Contact, Relationship and Telephone #: _____

_____

Please note no registration will be processed until full payment is received

Waiver: By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this form is physically fit to participate in rhythmic gymnastics. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I also understand that Olympia RG has tried to create a safe and controlled environment for participation and that the Club has established rules for participation that must be followed by the participant. 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 Club.

I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the club of any changes immediately.

Photo/Video/Web Site Release: I also understand that videos and photos may be taken of the above athlete and other athletes involved in "Olympia Rhythmic Gymnastics" activities to be used for promotion of the club in print materials, videos, CD-ROMs, DVDs, the Olympia website, "Rhythmic Stars Association" or any other promotional effort. I hereby agree to such limited use.

Signature of Parent/Guardian: _____ Date: _____