



Parent Responsibility Form 2017-2018

PLEASE READ THOROUGHLY! This form must be on file for your child to practice

- I have read and agree to follow the information found in the 2017-2018 Sheboygan County YMCA Springers Gymnastics Team handbook.
- I understand that I, as a team parent, play a crucial role in the success of the Sheboygan County YMCA Springers Gymnastics Team.
- I understand that the Sheboygan YMCA Web Site www.sheboygancountyymca.org is the way to retrieve information regarding team functions. **It is my responsibility to check the web site for changes.**
- **I must have a current e-mail account on file. I will notify Karen with any changes.**
- I agree to work the required number of shifts for all meets that are hosted by the Sheboygan County YMCA Springers.
- I understand that it is my responsibility to find a replacement if I am unable to work my shifts.
- **I understand that I will be required to pay \$75.00 for each work shift and obligation that I do not complete.**
(We would much rather have you work your shift, otherwise we have to hire out. The YMCA can not afford to do this.)
- I understand that all **late entries for gymnastics competitions will have a \$20.00 fee added.**
- I understand that if my child misses a class, I may arrange with Karen to make up the class within two weeks.
- I understand that I **must have prior approval to change my child's practice time and will be charged \$5.00 each time.**
- I will help out with at least one other fundraising activity other home meets during the 2017-2018 season.

Sheboygan County YMCA Springer Gymnastics Team Parent Code of Conduct

- **As a parent in the YMCA Gymnastics Program, I will:** Remain in the spectator areas during all competitions and practices. Show interest, enthusiasm, and support for my child. Cheer positively for our gymnasts and team. Keep comments positive to all gymnasts, coaches, officials and parents. Show respect for other competitors. Permit coaches to coach without interference. Help when a coach or official asks me. Come to meets sober and refrain from drinking alcohol at contests. Thank the people who conducted the event.
- **Parent's Responsibilities**
 1. I will have my child at practice and to meets and demonstrations on time.
 2. I will be sure my child is dressed properly.
 3. **I will enforce the rule stating NO Cell Phone or other Electronic Device may be used during Springer Functions, practices, competitions.**
 4. I will attend the parent's meetings.
 5. I will cover all my child's open wounds and warts.
 6. I will encourage my child with lots of praise!!
 7. I will encourage my child to get plenty of sleep and eat a balanced diet.
 8. I will abide by the rules established in the team handbook.
 9. I will pick my child up immediately after all Springers Functions.
- **Waiver:** I hereby agree to waive any claim or liability they may have on the YMCA arising out of the use of the facility, and further agree that they will indemnify and save harmless the YMCA from any and all claims of every kind and description which may be brought against the YMCA on account of death, injury, or damage to persons or property received any persons by reason of the acts or omissions of the users in their use. We understand the above responsibilities and I give permission for my child to participate at all Sheboygan County YMCA Springer's practices, meets, and demonstrations.

Name of Gymnast _____	Level _____	
Name of Parent/Guardian _____	Signature _____	Date _____
Name of Parent/Guardian _____	Signature _____	Date _____

PHOTO RELEASE

I, _____ Parent/Guardian of _____, grant the Sheboygan County YMCA Springers Gymnastic Team and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself, or of my minor child or ward, for whom I am authorized to give this permission on behalf of the named minor, for use in materials they may create. **Parent/Guardian Signature** _____ **Date** _____