



SHEBOYGAN COUNTY YMCA
Springers Gymnastics Team

Gymnast Code of Conduct 2017-2018

As A gymnast of the YMCA Program, I will: Exhibit the values of Caring, Honesty, Respect and Responsibility at all times. Work hard and honestly to improve my performance and participation. Show respect for my teammates, coaches, opponents, judges, and parents. Treat others, as I would like to be treated. Follow good health and fitness principles that will enable me to perform at my best. Adhere to the rules of gymnastics. Thank the people who conducted the meet. Have fun!

Gymnast's Responsibilities

1. I will dress properly for workouts **Girls**-leotards **Boys**-shorts & T-shirt tucked in. **Hair tied back**, no jewelry except post earrings. Cover all open cut & warts prior to entering the gym
2. I will **not use** Cell Phones or other Electronic Devices during Springer Functions, practices, or Competitions.
3. **I will arrive for all functions on time.**
4. I will try! I will listen to the coaches and try!
5. I will maintain a positive attitude toward gymnastics, my coaches, team mates and scores!
6. I will eat a balanced diet and get plenty of sleep.
7. I will abide by the rules established in the team manual.
8. I realize failure to meet these responsibilities may result in my suspension of the next public Springer Performance, Competition, Practice.

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 on all YMCA Lakeshore Springer's practices, meets, and demonstrations.

Name of Gymnast _____ Signature _____ Date _____

Name of Parent / Guardian _____ Signature _____ Date _____

Name of Parent / Guardian _____ Signature _____ Date _____

Date starting the Sheboygan County YMCA Springers Gymnastic Team for the 2017-2018 season _____

Date Received contract _____ ***For office use only***