



SHEBOYGAN COUNTY YMCA
Springers Gymnastics Team

Registration Check List 2017-2018

Name of Gymnast	Level	Birth date	Home Phone #
Sheboygan County YMCA ID #		Sheboygan County YMCA Membership Expiration Date	
BOYS ONLY - Current USAG Membership Number			
Name of Parent / Guardian		E-mail Address	

• **Forms (One per child) that must be completed prior to 1st practice.**

<input type="checkbox"/> 2017-2018 Medial Information Form (One Per Child)
<input type="checkbox"/> 2017-2018 Gymnast Code of Conduct (Review with child, Signatures Required)
<input type="checkbox"/> 2017-2018 Parent Responsibility Form (Signatures Required)
<input type="checkbox"/> 2017-2018 Concussion Form (Review with Child, Signatures Required)
<input type="checkbox"/> 2017-2018 Practice Schedule (Changes in your practice selection may alter your fees)

Team Fees – 2 Options
<input type="checkbox"/> Paid in Full www.sheboygancountyyymca.org (Session 1718, Program 1G)
<input type="checkbox"/> Bank Draft (Return Completed Form to the attention of Teri Keppler)
There will be NO refunds or stopped bank drafts after the YMCA State Meet.
<input type="checkbox"/> Competition Registration will be accepted on line only (Session 1718, Program 1G)

I, _____ Parent / Guardian of
 _____ have reviewed the 2017-2018
 Springers Gymnastics Team Handbook and agree to the policies & procedures.

Signature _____ Date _____