

**MIDWEST AMATEUR GYMNASTICS ASSOCIATION  
ATHLETE REGISTRATION FORM**

Gymnasts Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Club & Team Name \_\_\_\_\_

Age Group Competing 2009-2010 Season \_\_\_\_\_

I hereby certify that I have full knowledge of and accept the inherent risks that gymnastics presents. I further hereby certify that I am physically fit and will maintain physical condition essential to participation in the activity. I will abide by all rules and regulations set forth and certify my compliance by my signature below. I also understand that registration fees are non -refundable.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Gymnasts Signature

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