

WAIVER OF LIABILITY

As a condition of Aberdeen Gymnastics Association (AGA) accepting my child

_____ into participation in the AGA Summer Camp and related activities, it is necessary that my child and I take full responsibility for any temporary or permanent injuries, paralysis, or death suffered in the course of my child's participation. I acknowledge and agree that activities of this nature involve inherent risk of damage and hereby assume and accept all risk of damage to my child. With this Waiver and Release, AGA and its employees, agents, officers, directors and volunteers are hereby released and forever discharged from any and all losses, liabilities, costs and expenses incurred in connection with any type of damage arising from my child's participation. With my signature I am representing and warranting that my child does not have any condition, disease, or injury that would increase the likelihood or severity of any injury; that my child is covered with health and accident insurance in sufficient amounts to cover any injury; and that I am the parent/legal guardian of child. I understand that it is my responsibility to warn my child about the dangers of the activities and possible injuries. I authorize AGA, its employees, agents, and volunteers to render first aid measures as judged necessary for the care and protection of my child, and if deemed necessary to provide transportation to a medical facility or call and ambulance at my expense.

State whether or not your child is taking or is required to take any medication. List condition, type of medication and medical instructions to be followed:

_____ State

whether or not your child is allergic to any medication or food or other allergies:

Health Insurance Company

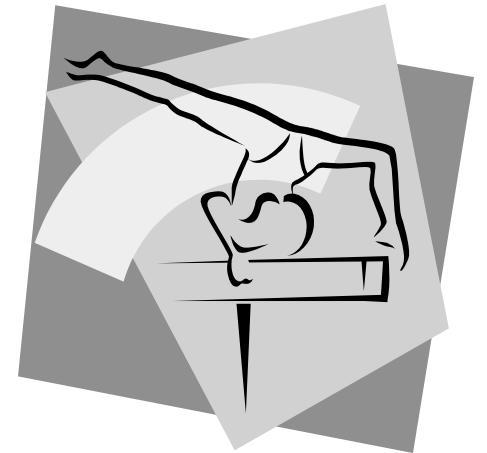
Parent/Guardian Signature Date

Aberdeen Gymnastic Assoc.

1629 S Melgaard Rd

Aberdeen, SD 57401

**AGA
SUMMER
*6 KICK OFF *
CLINIC
MAY 25 & 26, 2011**



**GYMNASTICS FACILITY
2200 S ROOSEVELT
ABERDEEN, SD 57401**

WWW.ABERDEENGYMNASTICS.COM

**ABERDEEN GYMNASTICS
ASSOCIATION**

“KICK-OFF” CLINIC

May 25th & 26th

**Clinic open to girls
ages 5-18**

\$30.00 Group 1

9:00-11:30 BOTH DAYS

Register for this group if your gymnast is still working basic skills.

\$50.00 Group 2

12:30-5:30 BOTH DAYS

Register for this group if your gymnast can do a Round-off, Back handspring on the floor by themselves.

**If you have a question as to which
Group to sign up for, please
contact Coach Jen through the
website.**

Guest Coaches for this clinic are **Audra & Amelia Rew!** Audra is the Head Mitchell High School coach and Amelia is a Division 1 College gymnast at Arizona State University!

Schedule :

WEDNESDAY MAY 25TH

9:00-11:30----- GROUP 1 TRAINING

12:30-5:30---- GROUP 2 TRAINING

THURSDAY MAY 26TH

9:00-11:30-----GROUP 1 TRAINING

12:30-5:30-----GROUP 2 TRAINING

The clinic is limited in size so send in your registration form and fees now!

**Mail Registration form
& fee to:**

**1629 S. Melgaard Road
Aberdeen, SD 57401**

**REGISTRATION DUE DATE:
MAY 20th, 2011!**

Fees are non-refundable. Amount DUE with mail in registration!

**“KICK-OFF” GYMNASTICS
CLINIC REGISTRATION FORM**

Name _____

Address _____

City, State _____

Tel. # _____

Age _____

GYMNASTICS EXPERIENCE:

Please circle one!

GROUP 1: Still working basic skills

GROUP 2: Can do Round Off Back Handspring on own.

Parent's Name _____

Emergency Contact # _____

Parents and Gymnasts---- Please complete both sides of this form and send this section to A.G.A. (**see address on inside**) with full payment.

**Make checks payable
to: A.G.A.**