



# USA Gymnastics Region 2

## High Tech Camp

### Individual

# Registration Form

Host Location	Metropolitan
	Kent, Washington

Participant Name:		Club affiliation:	
Address:			
City:	State:	Zip:	
Date of birth:	USAG#:	Current Level :	
Parent/Guardian Name:			
Email Address: (required)			
Primary Phone Contact:		Alternate Phone:	

Turn this form and your individual payment into your club.  
 Each club will submit 1 check for all athletes attending

#### Waiver of Liability

As legal the guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in the this facility's program(s) or hosted events. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, fitness classes, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s) or hosted events, from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

As legal the guardian of my designated student(s) (student(s)), I hereby consent to all student(s) pictures that may be taken to appear on Host facility or Region 2 social media pages including web sites Facebook, Instagram and Twitter.

Participant or Parent /Guardian of Participant : \_\_\_\_\_ Date: \_\_\_\_\_



# USA Gymnastics Region 2

# HIGH TECH CAMP

# Club Registration Form

Club Name:	Club #:
Club Phone:	
Address:	
City:	State: Zip:
Contact	
Email Address: (required)	
Primary Phone Contact:	Alternate Phone:

	Gymnast Name	USAG #	Level	Age	Reg Fee	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
					Balance Due	

**Please submit 1 check for all attending athletes**  
**Also attach each participants individual**  
**registration form with signed release.**

Make checks Payable to : Region 2 Gymnastics  
 C/O Ivan Alexov  
 Omega Gymnastics  
 9700 SW Harvest CT, STE 180  
 Beaverton OR 97005