

COMPETITOR ENTRY FORM

Please check level age group and event desired.

_____	Level 4	_____	Cadet (8 & under)	_____	All Around
_____	Level 5	_____	Cadet (9-10)		
_____	Level 6	_____	Prep (11-12)		
_____	Level 7	_____	Junior (13-14)		
_____	Level 8	_____	Senior (15 & Over)		
_____	Level 9				

WAIVER

In consideration of the acceptance of this entry by the Meet Director, I the undersigned, do hereby, on behalf of myself, my heirs and my administrators, forever release and waive all rights and claims for damage or recompense due to injury to myself or my issue growing out of the participation or spectatorship in or at all S.W. Ohio YMCA Network Meets, and/or meets insofar as the District, Regional or National Meet are concerned. Said meet is understood to be that described herein.

Signature of the undersigned and parent or guardian attests as further condition that the entrant is physically fit to participate. Witness my signature.

Name _____ Team **Darke Co.YMCA**
Address _____ Membership Exp. Date _____
City, State & Zip _____ Coach **Katy Smith**
Birth Date _____ Network **SW Ohio**
Gymnast's Signature _____
Parent or Guardian Signature _____
Date _____