

**Oshkosh Gymnastics & Cheer (OGC)  
 "Rec & Roll" Recreation Gymnastics Competition  
 Saturday, May 20, 2017**

**1:00 p.m. - 4:00 p.m. -Adv. Preschool, Rec Levels 1-4, Advance Accel I & II**

**Meet Entry & Waiver Form:**

**AUTHORIZATION OF MEDICAL CARE:** In case of illness or injury while at OGC & in cases where a parent cannot be reached, the staff of OGC may authorize medical care and treatment for the below named participant.

**AGREEMENT TO PARTICIPATE:** I understand that gymnastics, like any other situation involving height and movement involves risk and the chance of serious injury. This student has no problem(s) that might compromise their safe involvement. Furthermore, by signing this waiver, I agree to forever release the staff and owners from responsibility or liability for medical expenses incurred by my child.

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

**REQUIRED\* PARENT / LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Insurance Company:** \_\_\_\_\_ **Student's Instructor:** \_\_\_\_\_

Please return this form (completed & signed) with a \$15.00 entry fee / per event or ALL 4 EVENTS FOR \$45.00 BEFORE Friday, May 10th. (Late Fee-Add \$10.00)  
**NO REFUNDS AFTER May 18, 2017.** Check the event (s) that you would like to compete in.

	<u>Vault</u>	<u>Bars</u>	<u>Beam</u>	<u>Floor</u>	
Adv Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
Level 2/3 (Circle Class Level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
Accel I & II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
Level 4/Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
	CC _____	CK # _____	Cash \$ _____		<b>TOTAL = \$ _____</b>

Athlete  
will be  
performing  
  
Level \_\_\_\_\_

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Level 2/3 (Circle Class Level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
PreTeam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
Level 4/Optional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$15.00 = \$ _____
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