



**2012 SUNSHINE SPECTACULAR
HOSTED BY WAKE GYMNASTICS**



Saturday, May 19th
Session 1 at 2:00 PM
Session 2 at 4:00 PM



\$50 Entry Fee, includes spectator entry and personalized plaque
Entry Deadline: April 15th

Parents: Please bring cameras and send the best photos of your gymnast(s) to Marlyn at wakegymnastics@gmail.com

Event Registration and Waiver

Participant Name: _____

Class Day: _____ **Class Time:** _____

I understand that gymnastics is in itself inherently dangerous and carries the risk of catastrophic injury. The above named student(s) has/have had a medical examination within the last twelve months and is/are capable of participating in the sport of gymnastics. In the event of injury or illness, every effort will be made to contact the parent/guardian. If necessary, I authorize WAKE Gymnastics to administer first aid and/or authorize medical treatment. Students are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child(ren)'s participation at WAKE Gymnastics. I hereby, for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against WAKE Gymnastics, their agents or representatives; for any injury or damage that may be suffered by me, my child adopted or otherwise, in connection with my association or entry in gymnastics or any other activities sponsored by WAKE Gymnastics. I understand that there is a NO REFUND policy and a \$35 charge for returned checks.

Parent/Guardian Signature: _____

Date: _____