**Trudeau's Gymnastics Team Commitment Contract**

Trudeau's offers recreational programs for gymnasts or parents who do not wish to make a yearly commitment. If your child wishes to compete and be competitive in NYS it is required that you make a yearly commitment. The team gymnast needs to have focus and goals. These goals need to be attainable (reasonable) but they also need to challenge the gymnast. With each level of competition skills become harder and can be scary. The gymnast goals must be strong enough to overcome their fears and their work ethic must be diligent enough to give them the courage and strength they need to become the gymnast that they desire to be. It is hard work, but if you love gymnastics it is also fun!

To participate on Trudeau's Team these are the terms you agree to abide by for the 2020 - 2021 season. This is your contract with Trudeau's Gymnastics Center.

1. Participation in all practices. Understandably illness, special family functions, academic school programs and special school events (concert, etc.) will at times conflict. It is in your best interest to attend practice. It is also more beneficial for you to make the team practice over another class that does not work the same routines and skills. Attendance at practice is on an honor system. If you are not there, then it is believed that there is a legitimate reason for your absence.

2. The gymnast must work to their top potential and is expected to give 100% every practice.

3. Our season runs from September through July. The only exception is if you're on your high school gymnastics team; then you may choose to commit from the end of high school season through July.

4. As a member of the team, supporting the booster club's efforts is expected. The booster club helps to support the team and the gym.

5. Competition is one of the main purposes of team. Meet fees and travel is an added expense; therefore, families can decide if you want to participate on the home team or travel team. All home meets are mandatory. The booster club handles the meet fees. If you do not participate in a home meet there should be a legitimate reason for your absence (funeral/ wedding/ illness). Away meet fees are non-refundable, therefore if your child is sick or misses the meet for any reason, we can’t get the money back. In addition, fees for home meets are expected to be paid to the booster club even if you are unable to attend. If you have signed up for travel team, it is our hope that you will travel with your team to the meets the booster club is able to get us into. We would expect a travel team gymnast to attend at least 1 to 2 sanctioned meets as well as non-sanctioned meets (such as Glens Falls) with a primary goal to participate in the state meet. Regarding away meets, if your fee is not in by the due date, your child will not be registered to compete.

6. Team members must purchase a team leotard. If you choose to be travel team, there will be a team leotard and a warm-up required.

7. Travel team members must be sanctioned through USAG to attend sanctioned meets.

8. Hot Shots should attend a minimum of one class per week. A second class is offered if you would like your child to attend two days per week. Hot Shots will compete Silver Xcel. For Hot Shots and 1st year Gold Xcel we generally do not recommend sanctioning until there has been some home meet experience. We try to offer approximately 3 home meets per season.

9. It is recommended that 2nd year Xcel Gold & Xcel Platinum attend a minimum of two classes per week with an option of 3 to 4 classes per week. As gymnasts reach higher levels, more practice time is needed to meet the demands of higher-level skills.

10. It is expected that make-ups be done as soon as possible after the class is missed. Make-ups can not be extended into summer classes.

11. For team members, the vacation breaks (Christmas break, winter break, spring break, etc) are planned in the program and are not to be made-up.

**Team Commitment Contract**

***(Please complete and turn in with your Health & Registration Form)***

Trudeau's yearly registration fee is $25.00.

I am committing to: (Please check the appropriate box)

\_\_\_\_\_\_ Option A $725 (1 class per week)

\_\_\_\_\_\_ Option B $1075 (2 classes per week)

\_\_\_\_\_\_ Option C $1360 (2 classes per week Sept.- Dec 7, then 3 - 4 classes per week)

\_\_\_\_\_\_ Option D $515 (1 class per week starting Dec. 7)

\_\_\_\_\_\_ Option E $765 (2 classes per week starting Dec. 7)

\_\_\_\_\_\_ Option F $1005 (3 – 4 classes per week starting Dec. 7)

…as described on the competitive program for the 2020 - 2021 season. I realize if my child drops out I am still responsible for full payment. The only exception to this is if my child becomes injured and is unable to continue the season (documented by a doctor) or if you move from the area. I as the parent agree to the above terms and to the financial commitment I have listed above.

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

I as the gymnast agree to fulfill my team commitment.

Gymnast's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Team Registration** & **Booster Club Meeting**

**![MC900057108[1]]()**

**Check**

**Day and Time on Website**

You will need to complete and bring in:

 Registration and Health Form

 Team Commitment Contract (above)

&

*For All Travel Team Competitors*

 You are required to sanction your child through USAG

***Parent of team member please make every effort to attend this registration time so that all forms are completed properly. All high school competitors are expected to register now as well, even though you may choose to not attend until high school season is over. By registering now, the forms can be completed properly, and we can properly plan for our next season (which includes planning for how many athletes will be participating). Those who are not able to make the team registration time should contact Janice.***

Registration and Health Form

Gymnast's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   -or- Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                              \*\*\*(street)                                  \*\*\*(city)                        \*\*\*(zip code)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if your child has ever had any of the following:

Allergies \_\_\_\_ Asthma \_\_\_\_ Arthritis \_\_\_\_ Heart Ailment \_\_\_\_ Broken Bones \_\_\_\_

If you check any, please explain:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child is currently taking:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other health information we should be aware of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RELEASE FOR TREATMENT:  Although all precautions are taken to prevent accidents, they cannot be ruled out.  Simple first aid will be administered to all minor injuries and parents will be called when necessary.  I confirm that my child is in good health.  I hereby authorize and consent to any x-ray, exam, anesthetic, medical or surgical diagnosis to treatment deemed necessary by the medical center or immediate care facilities.

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTIFICATION OF RISK:  Gymnastics coaching is a serious business conducted by professionals.  We are competent, trained specialists.  We routinely do daily safety checks of the equipment.  Gymnastics like any other athletic activity involving bodily motions involves the risk of injury.  You as parents or guardians must be aware of these risks.  I am aware of the risks of injury involved in participation in gymnastics.

Parent's Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_