

Allatoona High School

Gymnastics Application 2022-2023

September 13th – Interest Meeting at Allatoona High School Media Center at 6:00 PM

September 16th – Application Packet Due to Coach LaRoche (Room 2313) by 3:45 PM

September 23rd – Team selections will be emailed to gymnasts & parents by 5:00 PM

The following forms must be fully filled out & turned into Coach LaRoche by **September 16th**.

- Gymnastics Policies Agreement Form (pages 3-6)
- Explanation of Inherent Risk (page 7)
- Gymnast Information Form (pages 8-9)
- Current Skills & Disclaimer Form (page 10)
- Parent Volunteers Form (page 11)
- Permission to Photograph (page 12)
- Authorization to Give Medication (page 13)
- Overnight Fieldtrip Permission Form (page 14)
- Big Sister/Little Sister Information Form (page 15)
- Gymnastics Team Preference Form (page 16)

Introduction

Parents and Gymnasts,

I am so excited that you are interested in being a part of the Allatoona Gymnastics Team. This will be my third year coaching this amazing team, and I am so excited for the season to start. We finished 5th Place in the State last year in the Preliminary Team State Competition and had one individual qualify for State Finals on three events. This year, we hope to be even more successful!

I hope this packet answers many of your questions, but do not hesitate to contact me directly if you need any additional information. You are also invited to our Interest Meeting on September 13th at 6:00 PM in the Allatoona High School Media Center.

Coach Rachel LaRoche

Rachel.LaRoche@cobbk12.org

<https://www.allatoonabucs.com/gymnastics/>

Frequently Asked Questions

Q: When is the AHS Gymnastics season?

A: Gymnastics is a spring sport. The exact schedule is determined by GHSA. For the 2022-2023 school year, team practices begin the week of January 2nd, & the State Meet is April 19th-21st.

Q: Do gymnasts have to compete in every event?

A: No, the number of events gymnasts compete could vary depending upon the number and skill level of team members.

Q: Are there tryouts?

A: Whether or not we have tryouts is entirely dependent upon the number and skill level of students that apply. If tryouts do occur, gymnasts will be notified no later than September 16th at 5:00 PM that they are requested to attend. Teams will be formed based on scores compiled from a scoresheet and coach's final decision. Please note that tryouts are closed to spectators. *Tryouts may be substituted with video submissions at coach's discretion*

Q: How often and where does the team practice?

A: We aim to practice 2-3 times a week for around 6-8 hours total. Gymnasts can also practice through their club gymnastics team and high school gymnastics classes that are offered by local gyms. In most cases, club practices can be substituted for team practice if the gymnast is in competition season for club.

Q: How many meets does the team compete in?

A: We are hoping to have 5 regular season meets for Varsity and JV, plus the preliminary and state meets if individuals and/or the team qualifies for Varsity. More information will come out with exact dates and locations when the coaches meeting occurs in December.

Q: How does a gymnast letter?

A: In order to letter, a gymnast must compete in at least 3 varsity meets during the regular season (not including preliminary meet & state meet) and finish the season in good standing.

Q: Do the rules and requirements differ from club gymnastics?

A: Yes, the rules and requirements are slightly different. The coaches can help club gymnasts modify routines if changes are needed.

Gymnastics Policies

1. GENERAL OBJECTIVES

Gymnasts are student athletes and must strive to achieve the highest standards both academically and physically. Competing for Allatoona High School is a privilege, not a right.

2. BEHAVIOR AND DISCIPLINE

As a member of the Allatoona Gymnastics Program, you are expected to maintain behavior above reproach. Consequences for violating any regulation in this constitution will be at the discretion of the coach and will be handled according to the rules of Allatoona High School, the Georgia High School Association, and Cobb County policy. Please keep in mind the following:

- Any behavior which is deemed by the coach as reflecting poorly on the intended image of the program, no matter where the incident takes place, is subject to dismissal from the program at the coach's discretion. This includes, but is not limited to, pictures and/or videos on social media and inappropriate behavior in public (even if not in program apparel).
- Gymnasts who receive ISS will not be allowed to participate in any gymnastics activities during the assigned ISS period.
- Gymnasts who receive OSS will not be allowed to participate in any gymnastics activities during the assigned OSS period and will be subject to immediate dismissal at the coach's discretion.

3. TRANSPORTATION

Gymnasts will be expected to travel to and from meets when via bus when one is provided by the school. If there is not bus transportation for a meet, gymnasts must arrange transportation themselves with the option of carpooling.

4. ELIGIBILITY

Gymnasts must...

- Pass three out of four classes each semester and be on track academically towards graduation at the end of the year.
- If a gymnast quits, she will not be allowed to try out the next year or attend the end-of-season banquet. Exceptions to this may be granted at the coach's discretion.

5. VARSITY LETTERS

To be eligible for a varsity letter, gymnasts must be on the Varsity team and attend practices and compete the entire season (those dismissed from the program for any reason will not receive a letter).

6. ATTENDANCE POLICIES

As a member of the Allatoona Gymnastics Program, you are required to contribute your part. Meet rosters are based entirely upon practice performance and missing a significant number of practices will impact your ability to be selected to compete. As a result, the following attendance rules are necessary and will be enforced:

- Gymnasts must be present at school for at least ½ of the school day in order to participate in practices or meets that day.
- Gymnasts must schedule appointments and work schedules around all gymnastics activities.
- Gymnasts must be present at all practices, meets, fundraisers, picture days, and any other activities designated by the coach.
- Excused absences include death in the family, signed doctor's excuse that indicates time and date of the sickness or injury, school-related trips, and any other excused absences are at the discretion of the coach and will be addressed on an individual basis (these absences must be approved by the coach at least 24 hours prior to the missed activity).
- **As a high school athlete, it is the responsibility of the gymnast to communicate directly with the coach regarding any attendance issues.**
- Frequent, unexcused absences could result in not competing at meets or dismissal from the program at the coach's discretion.

7. PARTICIPANT APPAREL/ACCESORIES (NFHS Rules Book)

ART. 1 . . . The proper uniform shall be a one-piece leotard of moderate proportions with matching clear or skin-colored or black undergarments.

1. Unitards that are ankle length with or without sleeves are acceptable.
2. Unitards, ankle-length leggings, tights, or fitted shorts (black, solid matching color to the leotard, or skin-colored) may be worn with the leotard.
3. Head covering worn for religious reasons must be made of non-abrasive, soft material and must fit securely, not to impose a safety hazard to the gymnast.

ART. 3 . . . Gymnastics footwear, if worn, shall be a neutral color. NOTE: Tennis shoes (athletic sneakers) are NOT considered gymnastics footwear.

ART. 4 . . . Jewelry shall not be worn in competition.

- a. Medical alert medals are not considered jewelry and shall be taped to the body and the alert may be visible.
- b. Religious medals are not considered jewelry and shall be taped to the body.

ART. 5 . . . Hair devices that do not pose a risk of injury and are securely fastened in the hair may be worn to keep the hair away from the gymnast's eyes and face.

ART. 6 . . . Casts or splints on any body parts are prohibited.

ART. 7 . . . Hand, wrist, elbow, knee and ankle braces which are unaltered from the manufacturer's original design/production do not require any additional padding.

ART. 8 . . . Body paint and glitter are prohibited.

8. FINANCIAL RESPONSIBILITIES

Every attempt will be made to cut down on the personal costs to the gymnast. Every gymnast is required to participate in all fundraising activities. All fees are non-refundable. If a gymnast quits or is removed for any reason, a refund cannot be issued.

NEW GYMNASTS		RETURNING GYMNASTS	
Apparel <ul style="list-style-type: none"> - Competition leotard - Team shoes - Backpack - Practice tank & shorts - 2 team shirts - Warm up sweatshirt & pants 	\$435	Apparel <ul style="list-style-type: none"> - Practice tank & shorts - 2 team shirts - Warm up sweatshirt & pants 	\$195
Gym Fee <ul style="list-style-type: none"> - \$50 / month for 4 months of practice 	\$200	Gym Fee <ul style="list-style-type: none"> - \$50 / month for 4 months of practice 	\$200
Meet Fee <ul style="list-style-type: none"> - Judges' fees for all regular season meets & State meets 	\$70	Meet Fee <ul style="list-style-type: none"> - Judges' fees for all regular season meets & State Meets 	\$70
Booster Club Fee <ul style="list-style-type: none"> - Meet day snack bags and/or meals - Letterman pins & patches - Yard signs - Chalk - Team Photos by Chrystal Moore 	\$195	Booster Club Fee <ul style="list-style-type: none"> - Meet day snack bags and/or meals - Letterman pins & patches - Yard signs - Chalk - Team Photos by Chrystal Moore 	\$195
Administrative Fee <ul style="list-style-type: none"> - Liability insurance - PO Box - Annual Corporate registration - Coach's rules book 	\$60	Administrative Fee <ul style="list-style-type: none"> - Liability insurance - PO Box - Annual Corporate registration - Coach's rules book 	\$60
TOTAL	\$960	TOTAL	\$720
3 payments of \$320		3 payments of \$240	

NEW MANAGERS		RETURNING MANAGERS	
Apparel <ul style="list-style-type: none"> - Team shoes - Tank & shorts - 2 team shirts - Sweatshirt & pants - Backpack 	\$255	Apparel <ul style="list-style-type: none"> - Tank & shorts - 2 team shirts - Sweatshirt & pants 	\$195
Booster Club Fee <ul style="list-style-type: none"> - Meet day snack bags and/or meals - Letterman pins & patches - Yard signs - Team Photos by Chrystal Moore 	\$195	Booster Club Fee <ul style="list-style-type: none"> - Meet day snack bags and/or meals - Letterman pins & patches - Yard signs - Team Photos by Chrystal Moore 	\$195
Administrative Fee <ul style="list-style-type: none"> - Liability insurance - PO Box - Annual Corporate registration - Coach's rules book 	\$60	Administrative Fee <ul style="list-style-type: none"> - Liability insurance - PO Box - Annual Corporate registration - Coach's rules book 	\$60
TOTAL	\$510		\$450
3 payments of \$170		3 payments of \$150	

9. CALENDAR

The following dates are mandatory. Failure to comply subjects the gymnast to the possibility of immediate dismissal from the program. Please plan accordingly.

- **October 11th @ 6:00PM** – Program Meeting & Apparel Fitting (parents & gymnasts) in Room 1406 at AHS
- **October 11th** – 1st payment due
- **October 17th** – Simply Sheets Fundraiser starts
- **October 26th** – Spirit Night at Five Guys (optional but encouraged)
- **October 28th** – Corporate Sponsorships Due (optional but encouraged)
- **November 4th** – Simply Sheets Fundraiser due
- **November 8th** – Spirit Night at Otter's (optional but encouraged)
- **November 18th** – 2nd payment due
- **November 28th** – Pura Vida Bracelet Fundraiser starts
- **December 16th** – 3rd payment due
- **December 16th** – Pura Vida Bracelet Fundraiser due
- **December 17th** – Team Apparel Distribution and Holiday Party
- **January TBD** – Team Pictures with CADY for yearbook at AHS
- **January TBD** – Team Pictures with Chrystal Moore at AHS
- **February TBD** – Team Bonding Dinner to kick off competition season
- **End of February-April 18th** – Meets can begin in February and can run through April 18th, meet schedule will be sent as soon as dates have been verified in December
- **April TBD** – Team Bonding Dinner to celebrate Prelims and State
- **April 19th-21st** – Varsity Preliminary & State competition upon qualification
- **Last week of April** – Last team bonding practice
- **Beginning of May** – Team End of Season Banquet at AHS

I, as parent/guardian of the gymnast candidate, have read and fully understand the rules and regulations which will govern my child if chosen to represent Allatoona High School as a gymnast including the financial responsibilities, payment deadlines, and mandatory dates listed above. I also understand that this is an extracurricular activity and that attendance at all practices, meets, and fundraisers are requirements of the gymnasts. I understand that if my child is chosen as a part of the AHS gymnastics team and is later dismissed from the program for any reason, I will receive no financial restitution. I hereby give my consent to the student mentioned below to participate in gymnastics tryouts and if chosen to participate as a member of an Allatoona High School gymnastics team for the upcoming year. My child will participate in all required fundraisers during the upcoming gymnastics season.

Signature of Athlete: _____

Signature of Parent/Guardian: _____

Explanation of Inherent Risk

Gymnastics is an exciting, time-consuming sport that involves multiple apparatus and skills. Because of these conditions inherent to the sport, participating in gymnastics exposes an athlete to many risks of injury. Those injuries include, but are not limited to: death, paralysis due to serious neck and back injuries, brain damage, damage to internal organs, serious injuries to the bones, ligaments, joints, and tendons, and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological, and social abilities, including the ability to earn a living.

In an effort to make gymnastics as safe as it can be, the coaches will instruct athletes concerning the correct techniques for skills. It is vital that athletes follow the coach's skill instructions, training rules, and team policies to decrease the possibility of serious injury.

We have read the information above concerning the risks of gymnastics. We understand and assume all risks associated with trying out, practicing, and competing at meets. In signing this form, we assume the inherent risks of gymnastics and waive any further legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

Name of athlete: _____

Signature of athlete: _____

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

Gymnast Information Form

Student Name: _____

Grade: _____ Student ID Number: _____

Street Address: _____

City: _____ Zip Code: _____

Student Cell Number: _____ Text Messages: YES or NO

Student Email Address: _____

Allergies: _____

Sweatshirt Size: _____ Long Sleeve Shirt Size: _____ T-Shirt Size: _____ Tank Top Size: _____

Sweatpants Size: _____ Shorts Size: _____ Shoe Size: _____

List other sports and/or extracurricular activities that you're involved in: _____

Are you currently competing in club gymnastics? YES or NO

If so, what level are you training/competing? _____

What gym do you practice at? _____

What is your coach's name(s)? _____

What days/times do you practice? _____

Have you previously competed club gymnastics? If so, what level did you compete and at what date?

Are you currently being treated for an injury? YES or NO

If you are currently being treated for injuries, please include a detailed summary explaining the injury, treatment plan, and limitations.

If you are not a club gymnast, do you have work or other activities that will prevent you from attending mandatory team practice three times a week? YES or NO

Parent/Guardian #1 Name: _____
Address (if different from above) _____
Home Phone Number: _____ Cell Number: _____
Email Address: _____ Text Messages: YES or NO

Parent/Guardian #2 Name: _____
Address (if different from above) _____
Home Phone Number: _____ Cell Number: _____
Email Address: _____ Text Messages: YES or NO

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

I have submitted all necessary forms to ParentVue so that my account says "100% Ready". I understand that if my account is not complete, my student will not be able to participate in any AHS Gymnastics events, including tryouts, practices, meets, etc.

Parent/Guardian Initial: _____

Current Skills

Please select the skills you currently have without a spot. You may be asked to demonstrate any skills at tryouts prior to team selection.

Vault:

- Front handspring
- Half on half off
- Half on full off
- Tsuk vault of any shape
- Yurchenko vault of any shape
- Other: _____

Beam:

- Full turn
- 180-degree leap
- 180-degree switch leap
- Jumps - straight, tuck, split, wolf
- Cartwheel
- Back walkover
- Round off
- Back handspring
- Back tuck
- Acro series (walkover-BHS, cartwheel-round off, BHS-BHS, BHS-LOSO, etc.)
- Front or back tuck dismount
- Full twisting dismount
- Other: _____

Bars:

- Kip on low and/or high bar
- Clear hip circle
- Cast to handstand
- ½ pirouette
- Release (bail, toe shoot, pak salto, etc.)
- Giants
- Flyaway dismount of any shape
- Other: _____

Floor:

- Round off back handspring
- Front handspring entry tumbling pass
- Pass that includes a front tuck
- Pass that includes a front layout
- Pass that includes a front full
- Pass that ends in a back tuck
- Pass that ends in a back layout
- Pass that ends in a back full
- Pass that ends in a back 1.5
- Switch leap
- 1.5 turn
- Jumps - straight 1/1, tuck 1/1, straddle, split, wolf ½
- Other: _____

What events would you like to / can compete?

VAULT

BARS

BEAM

FLOOR

I understand that even if I am selected as a member of a gymnastics team, I may not compete at each meet. Meet rosters will be determined by what is best for the team. Most importantly, I will respect and accept the final decision of the coaches throughout the season in all aspects of the sport, including, but not limited to team selection, meet rosters, practice schedules, etc.

Student Signature: _____

Parent Signature: _____

Parent Volunteers

We are a sport that depends on parent volunteers. We understand that schedules are very busy, but all parents are expected to volunteer in areas where they can make a difference. We cannot run this program without the numerous volunteer hours that are provided and this should be shared equally.

Please indicate the areas where you (parents/guardians of the applying gymnast) can help the team:

- Drive a carpool to one or more meets (carpools generally leave campus around 2:30 PM)
- Volunteer at fundraising events
- Take pictures during meets and send to coach (no flash is allowed, this requires an SLR camera)
- Donate items as needed for events such as decorations, poster board, candy, etc.
- Assist with meet day snack bags
- Join the executive board (open positions: treasurer, secretary)
- Other: _____

PERMISSION TO DISPLAY STUDENT PHOTOGRAPH/NAME

I hereby grant permission to Cobb County School District (District) and/or the AHS Gymnastics Booster Club (AHSGBC) to use or publicly display my child's photograph, video image, or audio clip on the District and AHSGBC's Web site(s), individual school Web pages, or in other official District or AHSGBC publications without further notice. I acknowledge the District and AHSGBC's right to crop, edit, or treat the photograph, video, or audio clip at its discretion.

I also understand that once my student's photograph, video image, or audio clip is published on a Web site, it can be downloaded by any computer user, on or off campus. I understand a student's name may be published along with the student's picture.

Therefore, I agree to indemnify, defend and hold harmless the members of the Cobb County Board of Education, the District, AHSGBC, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Subject/Nature of Event: any and all AHS gymnastics events

_____ Permission is granted for the use requested above. _____ Permission is NOT granted for the use requested above.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Student

Signature of Student

Date of Student Signature

Name of Parent/Guardian

Signature of Parent/Guardian

Date of Parent/Guardian Signature

AUTHORIZATION TO GIVE MEDICATION

If medication can be given at home, before or after school hours, please do so. If medication must be given during school hours, this Form must be completed and filed with the School Clinic.

STUDENT'S NAME: _____

TEACHER: Rachel LaRoche GRADE: _____

I authorize the Cobb County School District to assist my child in taking this medication. I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in an unlabeled container will not be given. If your child takes daily medication, please send an extra bottle to be used for field trips and After School Program.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform the school of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the office/clinic by the parent/guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued. If medication is given throughout the school year, medication will be disposed of according to the medication Rule Section IX.

NAME OF MEDICATION: Ibuprofen, Acetaminophen, Naproxen, Midol

DOSE: on bottle ROUTE*: oral TIME(S) to be given: as needed

DATE TO DISCONTINUE MEDICATION: June 1, 2023

CONDITION/ILLNESS REQUIRING MEDICATION: various

POSSIBLE SIDE EFFECTS, IF ANY: various

Licensed Health Care Provider: _____

Licensed Health Care Provider's Phone: _____

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the Cobb County Board of Education, the Cobb County School District, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Parent/Guardian Signature

Date

Home Phone: _____ Work Phone: _____ Pager/Cell Phone: _____

*Route: The method that medication is administered, such as by mouth, injection, inhaler, rectum, etc.



PERMISSION TO PARTICIPATE IN OVERNIGHT FIELD TRIP

This permission form has been signed only after understanding and considering the following:

1. Trip Planned: GHSA Preliminary and State competition
2. Purpose(s) of Trip: To participate in the GHSA Preliminary and State competition
3. Supervision: Gymnastics Coach
4. Transportation: County Bus Transportation
5. Requirements: N/A
6. Expectation and N/A

Instructions:

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical Information

Family Physician: _____ Phone: _____

Immunizations: _____

Does the student need to take medication? ☐ Yes ☐ No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? ☐ Yes ☐ No If yes, please identify allergy: ☐ Medication ☐ Food ☐ Stinging Insects ☐ Other

Please identify: _____

Dietary Restrictions: _____

Release

I understand the above expectations/special instructions and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors.

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnities") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnities or which may be brought against the District Indemnities arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

 Name of Parent/Guardian (PLEASE PRINT)

 Signature of Parent/Guardian

 Date

Big Sister/Little Sister Information Sheet

Name: _____ Grade: _____

Cell Number: _____ Birthday: _____

Shirt Size: _____ Monogram (First, last, middle initial): _____

What is your room theme/color? _____

What do you like from...

McDonalds? _____

Chick-Fil-A? _____

Starbucks? _____

Dunkin? _____

What are your favorite...

Candies? _____

Colors? _____

Drinks? _____

Snacks? _____

Stores? _____

What would you like from the coffee shop at school?

- ☐ Blueberry Muffin
- ☐ Chocolate Muffin
- ☐ Lemonade
- ☐ Sweet Tea
- ☐ Iced Coffee
- ☐ Hot Coffee – Cream? YES or NO – Sugar? YES or NO
- ☐ Hot Chocolate
- ☐ White Chocolate Cappuccino
- ☐ French Vanilla Cappuccino
- ☐ Latte
- ☐ Mocha Latte

If you could receive a gift card from anywhere, where would it be? _____

Gymnastics Team Preference Form

Athlete's Name: _____ Grade: _____

Whether or not a JV team is actually created depends on the number and skill level of all applicants. The JV team will attend all practices with Varsity and compete in regular season meets but will not receive a Varsity letter or be able to qualify to compete at Preliminary or State meets. JV team members may be pulled up to compete at the Varsity level at any point during the season at the coach's discretion. If this happens, the JV member would be eligible to receive a Varsity letter and be able to qualify to compete at Preliminary or State meets as long as the requirements are met. If tryouts are needed, your overall score on the scoresheet determines the final results.

Please circle which team(s) you would like to be considered for.

9 th , 10 th , 11 th grade students	12 th grade students
Junior Varsity Varsity	Varsity

Please keep in mind that you will only be considered for the team(s) you circle. Therefore, if you do not make the team(s) that you selected, you will not be a part of a gymnastics team.

Athlete's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____