

Prince Albert Aerials Gymnastics Club
 1150 3rd Avenue W.
 Albert, Sask. S6V 5G3



Phone:(306) 922-4812
 aerials@sasktel.net Prince

TRAMPOLINE & TUMBLING SUMMARY SHEET

CLUB NAME: _____

Address: _____ **P-Code:** _____

Email Address: _____

Contact Name: _____ **Phone #:** _____

LEVEL	Total # of athletes		Rec'd by Feb. 9 '18		
Prov. T&T (1-event)		X	\$60.00	=	\$
Prov. T&T (2+events)		X	\$90.00	=	\$
Level Change			\$25.00	=	\$
\$					

Note: Make cheque payable to: P.A Gymnastics Club (1-cheque per club) - do not fax waivers.

JUDGES ATTENDING	LEVEL

COACHES ATTENDING

Prince Albert Aerials Gymnastics Club
 1150 3rd Avenue W.
 Prince Albert, Sask. S6V 5G3



Phone:(306) 922-4812
 aerials@sasktel.net

Club Name: _____ e-mail: _____

Contact person: _____ Phone: _____

	GYMNASTS NAME	PROVINCIAL T&T			Age mm / yr
		F / M	TRAMP Level	DMT Level	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
24					

ATHLETE WAIVER

Name of Event: **Prince Albert Aerials**
Survivor
Invitational
March 2 - 4, 2018

Name of Athlete: _____
PLEASE PRINT CLEARLY

Date of Birth (d/m/y): _____ Age (as of Dec 31, 2017): _____

Home phone: _____ Cell Phone: _____

Emergency Contact during event: _____ Phone: _____

In consideration of your acceptance of my entry I, intending to be legally bound do hereby, for myself, my heirs, executors and administrators waive and release and forever discharge any and all rights and claims for damage which I may have or may hereafter accrue to me against the Gymnastics Saskatchewan Association, the organizers or their respective officers, agents, representatives and/or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or entry in the above athletic meet or which may arise out of my traveling to or participating in and returning from said athletic meet. Submission of your registration to the P.A. Aerials Invitational constitutes your consent to collect, use, disclose and retain your personal information as is reasonable for Gymnastics Saskatchewan and the P.A. Gymnastics Club for the following purposes:
Name, address, photos, event results, phone number, and e-mail address for the purpose of communicating about programs, events and activities.

Athlete's Signature (If 18 years of age or over)

Parent/Guardian

Date