Can-Am Gymnastics Club

**FastCat Invitational**

May 26th, 2019

3702 Mitchelmore Ave.

Saskatoon, Saskatchewan S7P 0B9

Phone: (306) 931-4031

Fax: (306) 931-4038

e-mail: [canamttgdirector@sasktel.net](mailto:canamttgdirector@sasktel.net)

**Location:** Can-Am Gymnastics Club

(head north on Millar Ave, turn right onto 64th Street, left onto Mitchelmore Ave.)

**Registration:** **$80.00** Fast Cat

*\*\*cheques can be made payable to Can-Am Gymnastics*

**Entry deadline:** **Wednesday, May 15th, 2019**

Athletes will be considered registered when payment is received. Registration will be on a first paid, first registered basis. Refunds granted with a medical certificate. No refunds after May 20th, 2019. Any registration received after May 15th, 2019 is subject to a $40.00/athlete late fee.

**Schedule: *(Tentative-subject to change, specific start times will be sent out after registration has been received)***

**Sunday May 26th, 2019**

4:00pm Warm Up

Physical Testing

5:15pm Events

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| **ATHLETE WAIVER FORM** |

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Event Title: **CAN-AM GYMNASTICS CLUB**

**FastCat INVITATIONAL**

**May 26th, 2019**

STATEMENT OF RISK

I acknowledge that the participant may be subject to injury during gymnastic, trampoline or other activities related to the said athletic event that may include but not limited to dislocations, sprains, broken bones, head injuries, spinal injuries or death. I accept the above risks and consent to participation in the said athletic event. I accept and grant permission to Can-Am Gymnastics Club or other authorities to deliver first aid/CPR if required and understand that Can-Am Gymnastics Club is not liable for any first aid/CPR treatment administered to the participant.

I acknowledge, understand, accept voluntarily the statement of risk and agree to:

Waive and release and forever discharge any and all rights and claims against all liability for personal injury, loss or fatality that the participant or myself may suffer now or in the future in connection with the said athletic event against Can-Am Gymnastics Club it’s director, employees, volunteers or other club representatives.

Submission of your registration to the said athletic event constitutes your consent to collect, use, disclose and retain your personal information as is reasonable for Can-Am Gymnastics Club and Gymnastics Saskatchewan for the following purposes but not limited to: athletes name, event scores and results, social media or photo posting.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

**FAST CAT**

**REGISTRATION FORM**

**Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **NAME** | **M/F** | **AGE**  **YR** | **TRAMP**  **LEVEL** | **TUMB**  **LEVEL** | **DMT**  **LEVEL** |
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Number of Athletes \_\_\_ X $80.00 = $\_\_\_\_\_\_\_\_

TOTAL FEES PAID = $\_\_\_\_\_\_\_\_\_