



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

JAMES FAMILY PRESCOTT YMCA Prescott Lightning/Thunder Gymnastics Team Meet Registration

MEET: _____

Gymnast Name _____ Birthdate _____ Level _____

Leotard Size: _____ T-Shirt Size: _____ Short/Capri Size: _____

****SIZES ARE TO BE NOTED BY THE FOLLOWING: CS, CM, CL, AXS, AS, AM, AL, AXL****

****IF THIS IS A STATE OR CHAMPIONSHIP MEET – YOU MUST HAVE COACH AUTHORIZATION TO REGISTER****

*****IF THERE IS A CHANGE IN COMPETITIVE LEVEL –
YOU MUST HAVE COACH AUTHORIZATION / SIGNATURE PRIOR TO REGISTERING FOR A NEW LEVEL*****

PRIOR TO REGISTRATION DEADLINE. Signing this form is stating that your gymnast will be competing at this meet and that you agree to have the registration paid on or before the deadline. I understand that there will be **NO LATE ENTRIES or LATE DAY REQUEST** accepted. No parents are to contact host of the meet. If you have a question, please direct it to your coach or the Prescott Lightning Office.

****My gymnast CANNOT compete on the Following Day(s). I acknowledge that if my athlete is scheduled for the day(s) checked below I know that he/she will be AUTOMATICALLY SCRATCHED from the meet and if the scratch is accepted PRIOR to the scratch deadline by the host of the meet, a refund will be issued to my gymnast’s account once refund is received from the host. (Any refunds usually occur after the meet is completed). **NO re-registration will be permitted.****

This request can only be made when registering for a meet AND prior to Prescott Lightning / Thunder meet registration deadline.

Friday Saturday Sunday Monday

Coach Authorization for Competing New Level or State Meet _____

Parent Signature _____ Date _____

James Family Prescott YMCA 750 Whipple St. Prescott, AZ 86301 928-445-7221 prescottymca.org