

2018 CARA COMPETITION INFORMATION

Parent Information about CARA found at:

www.highplainsgymnastics.com or www.caragymnastics.org

- Tips for parents
- Rules/policies
- Directions and Detailed Meet Schedules



2018 Meet Dates

Season Meets:

Saturday, June 2nd Home Meet at Fort Morgan HS

3 additional meets on Fridays or Saturdays between April 28th and June 30th

No Meets scheduled on May 5th, May 19th or Memorial weekend

**Optional competition takes place in the morning, compulsory 3's are in the early afternoon and compulsory 4's in the late afternoon to evening. There will be a better break down of the meet times as we get closer to the competition season or you can check the websites for more details.

Regional Meet:

Friday and Saturday, July 6th and 7th or July 13th and 14th

**In order to qualify for the regional meet, a gymnast must score the regional qualifying score or higher on any event at least one time. Optionals compete on Friday and Compulsories on Saturday.

State Meet:

Friday and Saturday, July 20th and 21st

**In order to qualify for the state meet, a gymnast must place in the top six of any event or in all around at the regional meet. Optionals compete on Friday and Compulsories on Saturday.

Upcoming Dates:

NO EXCEPTIONS!!!

Thursday, March 15th

Competition Order Form Due
HPGA Emergency Consent Due
CARA Participant Release Due

Saturday, March 31st

Last day to purchase Safeway/Edwards Cards for 2018
CARA Fees

Tuesday, April 3rd

Fundraiser Order Forms with Money Due

Sunday, April 8th

CARA Invoices Sent out by Email

Tuesday, April 17th

Competition Fees Due

****Make checks payable to *HPGA Competition Team***

2018 HPGA Competition Emergency Consent Form

Name of Gymnast: _____

Parent/Guardian: _____

Home Address: _____

Cell#s _____

Home # _____ Other # _____

Emergency contact and # if not available: _____

Insurance Company: _____

Policy number: _____

Family Doctor:

_____ Phone: _____

I _____, parent or guardian of

_____, in consideration of my child's opportunity to participate in activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an activity team or group, and hereby waive on behalf of myself and the above named child any liability of High Plains Gymnastics Academy LLC, any of its agents or employees, arising out of such medical treatment.

Signature of Parent or Guardian

Date

Gymnast Name: _____

2018 HPGA Competition Order Form

Please return this form by Thursday, March 15th

We will size all gymnasts for their leotard and shorts during practice.

<u>Item</u>	<u>Size</u>	<u>Cost</u>	<u>Quantity</u>	<u>Total Cost</u>
<u>Competition Leotard</u> <i>Required</i>		\$75 each		
<u>Matching Shorts</u> <i>Recommended</i>		\$35 each		
<u>Competition Scorebook</u> <i>Not Required</i>		\$20 each		
<u>Total Cost</u> <u>Gymnastics Team Supplies</u>		SUBTOTAL		
<u>CARA/Coaching/Team Fees</u>		\$390	1	\$390
<i>Total Cost</i>				
<i>Due by</i> <i>Tuesday, April 17th</i>				

Make Checks Payable to: HPGA Competition Team



CARA GYMNASTICS PARTICIPANT RELEASE AGREEMENT

The CARA Gymnastics Committee, a section of CPRA (Colorado Parks and Recreation Association), has taken steps to insure that all participating programs and/or departments have participated in safety training and feel the care of the gymnasts is one of our utmost concerns.

1. **Readiness to Compete:** I will only participate in those CARA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in Gymnastics events, I will have practiced my exercises, and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, without injury.

2. **Medical Attention:** I hereby give my consent to CARA Gymnastics and the Host Organization of any CARA Gymnastics event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in CARA Gymnastics events.

3. **Awareness:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I release CARA Gymnastics, the Host Organization, CPRA and sponsor(s) of any CARA Gymnastics event, along with the employees, officers and directors of these organizations (collectively the "released parties"), from any claims, losses, or damages arising from or in any way connected occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

***Required of any athlete who is not yet 18 years old:** As parent or legal guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the conditions listed in the above agreement for permitting my child to participate in any CARA Gymnastics event. I release the Released Parties from any claims, losses or damages arising from or in any way connected with my child's participating in the event, including losses or damages occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties. Whenever possible, CARA Gymnastics suggests both parents/guardians be required to sign below, and the parents/guardian(s) should keep a copy of this form.

Gymnast's Name (print) _____ Level _____ Boy or Girl (circle one)

Gymnast's Signature _____ Birth date ____/____/____

Gymnast's Primary Medical Insurance Carrier _____

Parent/Guardian Name (print) _____ Phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print) _____ Phone _____

Parent/Guardian Signature _____ Date _____



High Plains Gymnastics Academy LLC

PHOTO RELEASE FORM

I, _____ (gymnast name), hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images, videotapes or recordings made of me for use by the High Plains Gymnastics Academy LLC, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name.

I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by the High Plains Gymnastics Academy LLC including the use of images on the High Plains Gymnastics Academy LLC website.

Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used by the High Plains Gymnastics Academy LLC at any time in the future without further clearance from me.

I understand that these photographs, digital images, videotapes, or recordings may be used for marketing purposes (including websites) by the High Plains Gymnastics Academy LLC.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

DATE _____

Gymnast Name _____

Gymnast Signature _____

Signature of Parent _____
(if individual is under 18 years of age) granting permission for photographing, videotaping and/or recording).

Address _____

City _____ **State** _____ **ZIP** _____