



INDIVIDUAL MEET ENTRY  
WOMEN'S ARTISTIC GYMNASTICS  
27<sup>th</sup> ANNUAL NATIONAL GYMNASTICS CHAMPIONSHIPS  
25<sup>th</sup> & 26<sup>th</sup> May 2024

ATHLETE'S FULL NAME: \_\_\_\_\_

AGE (as of 31<sup>st</sup> Dec 2024) \_\_\_\_\_

DATE OF BIRTH:

YEAR: \_\_\_\_\_

DAY: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  
22 23 24 25 26 27 28 29 30 31

MONTH: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

GYMNASTIC CLUB/SCHOOL \_\_\_\_\_

WAG LEVEL:  TTGF Pre com  USAG Level 1 2 3 4 5 6 7 8 9 10

**DISCLAIMER**

IN CONSIDERATION of my child .....being allowed to compete in TTGF 27th ANNUAL NATIONAL GYMNASTICS CHAMPIONSHIPS and having paid the Entry fee

I, ....., the parent/guardian of ....., shall not hold the owners/lessee of the hall or their agents liable for any damages or injuries that may occur to the above-mentioned gymnast. I give permission for my child ....., to receive medical attention if necessary, from qualified medical personnel, in the event that I cannot be contacted. By participating in this championship, a gymnast automatically grants the Trinidad & Tobago Gymnastics Federation, and the sponsors of the event, the right in perpetuity to make, use, and show at their discretion any motion pictures, still pictures, and live, taped or filmed television and other reproductions of him or her during the event, and of all of his or her material related to the event without compensation.

Parent / Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ OR \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

ENTRY FEE: TT\$450 - TTGF ATHLETES / TT\$150 TEAM ENTRY / US\$100 FOREIGN ATHLETES  
CASH ONLY TO CLUB HEAD FOR ONWARD DEPOSIT TO TTGF.  
MEET ENTRY DEADLINE – SATURDAY 11<sup>th</sup> MAY, 2024  
LATE ENTRY FEE - TT\$75.