



P.O. BOX 49, PORT OF SPAIN,
TRINIDAD, W.I.
Email: trifederation@gmail.com

**ATHLETE MEMBERSHIP
APPLICATION**

Renewal #.....	<input type="checkbox"/>	New Membership	<input type="checkbox"/>
Competitive Gymnast	<input type="checkbox"/>	Recreational Gymnast	<input type="checkbox"/>

Athlete Member Information (All Fields Marked * are required)

*First Name: _____ MI _____ *Last Name: _____
 *Date of Birth (MMDDYYYY) ____/____/____ (Copy of Birth Certificate is required for NEW Membership)
 *Address: _____ *City: _____
 *Country: _____ *Sex ____ *Citizen: Yes / No
 *Email: _____
 *Telephone (H) _____ (W) _____ (M) _____
 *Name of Club/School Affiliated with: _____
 *If applicant is under 18, please supply the following and sign below:

*Parent/Guardian's name: _____ Relationship: _____
 *Address: _____ Email: _____
 *Telephone No.: (H) _____ (W) _____ (C) _____

Athlete Program Information (required -check all that apply)

<input type="checkbox"/> Men's Artistic Level _____	<input type="checkbox"/> Women's Artistic Level _____	<input type="checkbox"/> Rhythmic Level _____
<input type="checkbox"/> Gymnastics for All	<input type="checkbox"/> Tumbling Level---	<input type="checkbox"/> Aerobic

***In consideration of my membership in the Trinidad & Tobago Gymnastics Federation, and my participation in TTGF sanctioned events, I agree to be bound by each of the following:**

1. Readiness to Compete: I will only participate in those TTGF sanctioned competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in these 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 TTGF and the Host Club of any TTGF sanctioned 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 TTGF sanctioned events.

3. Waiver and Release: I 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 TTGF, the Host Club, and sponsor(s) of any TTGF sanctioned 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 with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of anyone of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of anyone of the Released Parties.

*Signature of Applicant OR Parent/Guardian: _____ Date: _____
 (If applicant is under the age of 18)



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***Required for 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 Athlete Membership Agreement for permitting my child to participate in any TTGF club or sanctioned event. I release the Released Parties from any claims, losses or damages arising from or in any way connected with my child's participation in the event, including losses or damages occurring as a result of the negligence of anyone of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of anyone of the Released Parties. I further acknowledge that submission of this form does not guarantee acceptance of membership.

Whenever possible, TTGF suggests both parents/guardians be required to sign below, and the parent/guardian(s) should keep a copy of this form.

*Signature of Parent/Guardian: _____ Date: _____

*Signature of Parent/Guardian: _____ Date: _____

Club Representative Signature -

I have checked this form and verify that all sections have been successfully completed and to the best of my knowledge are correct. I understand that failure to complete any section will result in delayed processing or voiding of this form.

*Signature of Club Representative: - _____ *Date: _____

All Membership Applications must include the following:

1. Completed Membership Application Form
2. Membership Dues (Cheque or Cash)
3. Copy of Birth Certificate required for NEW members

FOR OFFICIAL USE ONLY:	
Received Date: _____	
Payment amount: _____	
Proposed: _____	
Seconded: _____	
Notice of acceptance/Rejection sent	<input type="checkbox"/>
TTGF Reg. No. _____	
Constitution received (e-copy):	<input type="checkbox"/>