Special Olympic Women's Entry

Club Name & Address & Phone #	Club USAG Number		FAX Number and E-mail address
Coaches Names	**Coaches USAG Number**	**Exp Date**	**Safety Cert exp**

RELEASE FORM: In consideration of your acceptance of my entry, I intending to legally sound do herby, for myself, my heirs, executors, and administrators, waive, release and discharge any and all rights and claims for damages, which I may or which may thereafter accrue to me against the Township District 214, Gymnastics Spot agents, successors, and/ or assign for any damages which may be sustained by me in connection with my association with our entry in the competition, or which may arise out of my traveling to or from said competition at St. Valentines Day Classic on Feb 5th, 6th 2005.

Competitor Name	Date of Birth	Level	V	Bars	Be	Fl	Date of Birth	Parents Signature
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