

SHAMROCK SHOWCASE

hosted by: Oceanside Gymnastics

Saturday, March 9th 1:00 pm - 4:00 pm

Oceanside Gymnastics will host our annual Showcase Saturday, March 9, 2019. Gymnasts are invited to register for ShamShow2019. Gymnast must be recreational level Cartwheel, Round-off, Kips, Aerial, Super Hero, Handstand, Giants, or pre-team level Dynamite, Level 1, Level 2, and Level 3. Exhibitions by competing level gymnasts.

Meet **registration prior to February 15th** includes a **free meet leotard** for girls (leo's have been pre selected and assigned by class level) or a **compression shirt** for boys. Leotard or compression shirt is to be distributed the week of showcase and are to be worn for showcase. Team athletes will wear team leotard. Registrations after February 15th will receive a showcase t-shirt. All participants will receive a goodie bag and medal.



Sign up for additional free routine clinics: Saturday, February 23rd and Saturday, March 2nd at 12:00 pm - 1:30 pm (48 hour advance reservation required for clinic participation, space is limited).

Parents, family, and friends are invited to see first hand the skills and routines your gymnast has been learning. Bring your cameras to capture those special moments (**for gymnasts safety, no flash photography will be permitted**). Spectator admission is \$5.00. Children under age 3 are free if sitting on a parents lap. Doors open at 1:00 pm for gymnast check-in and spectator seating (open seating). Gymnast check-in at 1:00, warm-up at 1:15 pm and show begins at 1:30 pm.



2019 ShamShow



Client ID#: _____

March 9th 1:00 pm - 4:00 pm

Shamrock Showcase Athlete Registration	
Advance Registration before 2/15/19 <i>Includes: leotard-girls/compression shirt-boys and a medal</i>	Registration after 2/15/19 <i>Includes: t-shirt and a medal</i>
\$45	\$50
Spectator Admissions - taken at the door	
\$5.00 / each (children under age 3 free if sitting on parents lap) - Open Seating	

Participants			
Name:		Name:	
DOB:	Shirt/Leo Size:	DOB:	Shirt/Leo Size:
Allergies/medical Conditions:		Allergies/medical Conditions:	
Address		City	State Zip:
Doctor:		Phone:	
Parent Contact / Emergency Contact			
Mother/Guardian:		Father/Guardian:	Emergency Contact:
Home/Cell #:		Home/Cell #:	Home/Cell #:

Parental Consent and Release

I understand there are certain risks inherent to participation in gymnastics, cheerleading, tumbling, physical fitness or other related activities, which can result in injury. Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling the head or neck. Landing can involve risks from minor to catastrophic or life threatening injuries. No amount of instruction, spotting or mats can guarantee safety. Participant/participant's parent(s) represent that they understand the nature of this activity and that participant is qualified, in good health, and proper physical condition to participate in such activity. Participant has no medical or physical conditions which would prevent participant from fully participating in all normal and customary activity in the sport, and agrees to immediately notify Athletic Achievement, Inc. dba Oceanside Gymnastics in writing if such medical or physical limitations occur. I acknowledge that if I believe the conditions are unsafe I will immediately discontinue my child's/myself from participation in the activity. Participant/participant's parent understands that they engage in all the activity with full knowledge of the possible risk. Participant/participant parent, siblings, and other family members hereby acknowledge that risks of injury are inherent, and hereby waive on behalf of participant, themselves, and any minor sibling, their heirs, successors or assigns, any and all claims in tort or for civil liability against Athletic Achievement, Inc. dba Oceanside Gymnastics arising from the foreseeable and/or customary risks of the sport or intended activity. In the event of an emergency and I can not be reached, I hereby authorize Athletic Achievement, Inc. dba Oceanside Gymnastics as agent(s) for the undersigned to consent, in advance of any specific diagnosis, any treatment by any accredited hospital and/or physician deemed necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s) until December 31, 2019. I understand that I am responsible for any medical expenses that may be incurred through my child's/ my participation in activities at Athletic Achievement, Inc. dba Oceanside Gymnastics. I have read all the above warning and releases and agree to allow my child/myself to participate at Athletic Achievement, Inc. dba Oceanside Gymnastics. I give permission for my child's/my photograph to be taken and used at the discretion of Athletic Achievement, Inc. dba Oceanside Gymnastics, for publicity or professional purposes.

There are no credits, refunds, or transfers for missed days. There are no credits, refunds, or transfers of fees after advanced registration date. Changes made prior to advanced registration date may receive a refund and will be assessed a 10% processing fee.



Parent / Legal Guardian Signature: _____ Date: _____