

# TEAM ROSTER

Parents' Name: \_\_\_\_\_

Gymnast's Name: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_ City: \_\_\_\_\_

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

## Responsibilities of an Ultimate Gymnastics Team Parent

Because you have a child in the Ultimate Gymnastics Team Program you are required to volunteer your time to help our gym be a success. The following is required of EVERY team parent at Ultimate Gymnastics.

1. Making sure your child arrives on time to practices and competitions.
2. Supporting your coach's decisions and coaching methods.
3. Communicating with your coach if any confrontational issues arise.

*I hereby accept and understand my responsibilities of having a gymnast on the Ultimate Gymnastics Team.*

Signature \_\_\_\_\_ Date \_\_\_\_\_