

GYMNASTIC ACADEMY OF ROCKFORD

2016 Winter Super Invitational & USTA National Team Trial #2

Saturday, January 16th and Sunday, January 17th, 2016

Location: Belvidere North High School
9393 Beloit Road
Belvidere, IL 61108

Invitational Entry Fee:	1 Event: \$30.00	Team Trial Fee:	1 Event: \$60.00
	2 Events: \$35.00		2 Events: \$75.00
	3 Events: \$40.00		3 Events: \$90.00

Team Trial Participants must include "Code of Conduct" form and "Good Faith" payment of \$300 (payable to USTA) with entry form if the athlete did not participate in Team Trial #1.

This is a USTA sanctioned meet; all competitors must be USTA members.

EQUIPMENT: Ross Athletic Supply will be providing the equipment for the meet.

AGE GROUPS: All age groups.
Competition age is the athlete's age as of December 31, 2015.

AWARDS: 1st through 3rd places will receive a trophy. All other places will receive medals.

ADMISSIONS: Adults \$5.00, Senior Citizens 65+ & Children under 12 \$4.00, 3 & under free

Please use the ustaclubs.com website to generate your meet entries.

ENTRY DEADLINE: Entered online and confirmed via email by December 18th, 2015.
Payment must be received by January 1st. Late payment may result in a \$25 penalty.

EMAIL ENTRIES TO: david.mcchristie@gmail.com

ENTRY FEES PAYABLE TO: TAB

SEND PAYMENTS TO: TAB
122 Eaglewood Place
Rockton, IL 61072

ACCORDING TO ILLINOIS STATE RULES:

- Late entries: Double Fee
- No refunds will be given for scratches.
- Please call in your scratches as a courtesy.
- Changes: \$5.00

IF YOU HAVE ANY QUESTIONS:

EMAIL: david.mcchristie@gmail.com
PHONE: (224) 805-6992

USTA TEAM TRIALS MEET

JANUARY 16, 2016 – January 17, 2016

Meet Site: Belvidere North High School
9393 Beloit Road
Belvidere, IL 61008

Hosted By: Gymnastics Academy of Rockford

The following hotels are blocked for Friday, January 15th, through Sunday, January 17th.
Rooms are limited. Please make your reservations as soon as possible.

- Hotels:
- Hampton Inn** - \$94.00 per night
615 Clark Drive
Rockford, IL 61107
815/229-0404
Block Name: Gymnastics Academy of Rockford / Team Trials 2016
Rooms with 2 Double Beds or 1 King Bed available
Complimentary breakfast, indoor pool, fitness center, and free WiFi
 - Fairfield Inn & Suites** - \$94.00 per night
7651 Walton Street
Rockford, IL 61108
815/398-7400
Block Name: Gymnastics Academy of Rockford / Team Trials 2016
Rooms with 2 Queen Beds or 1 King Bed available
Complimentary breakfast, indoor pool, spa tub, fitness center, and free WiFi
 - Holiday Inn Express** - \$89.95 per night
7552 Park Place
Loves Park, IL 61111
815/654-4100
Block Name: Team Trials
Online Code: TRL
Rooms with 2 Queen Beds or 1 King Bed available
Complimentary breakfast, indoor pool, fitness center, and free WiFi
 - Baymont Inn and Suites** - \$79.95 per night
662 N. Lyford Road
Rockford, IL 61107
815/229-8200
Block Name: USTA Team Trials
Rooms with 2 Double Beds or 1 King Bed available
Complimentary breakfast, indoor pool and fitness center, and free WiFi

Gymnastic Academy of Rockford
2016 Winter Super Invitational
PROGRAM ADS

NAME: _____

EMAIL: _____

You may send your ad with payment to:

TAB
122 Eaglewood Place
Rockton, IL 61072

You may e-mail your ad to david.mcchristie@gmail.com .

Size of Advertisement:

_____	Full Page	\$40
_____	½ Page	\$25
_____	¼ Page	\$15

If you have any questions please email:
david.mcchristie@gmail.com

DEADLINE: EMAIL by Monday Evening, January 4th, 2016.

Payment must be received by January 11th.

USTA NATIONAL TEAM TRIAL ENTRY FORM



PLEASE COMPLETE ONE FORM PER MEET! PLEASE PRINT

Name: _____ Sex: ____ Female ____ Male

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Age as of 12/31/15: _____ USTA# _____

PLEASE CHECK THE TEAM TRIAL EVENTS YOU ARE ENTERING

____ TUMBLING ____ TRAMPOLINE ____ DOUBLE-MINI
1 Event - \$60; 2 Events - \$75; 3 Events - \$90

PLEASE ACCEPT MY ENTRY FOR THE USTA NATIONAL TEAM TRIAL COMPETITION(S) ON:

____ Dec. 5-6, 2015; Salem, IL ____ Jan. 16-17, 2016; Belvidere, IL ____ Feb. 13-14, 2016; Hammond, IN

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY ENTRY, I AGREE TO THE FOLLOWING:

1. I will submit a \$300 "Good Faith" fee (which will be returned if I do not qualify for the USTA National Team) with my entry for the first Team Trial I attend in addition to the meet entry fees. **Make \$300 Good Faith Check payable to the U.S.T.A.**
2. The Team I represent attended and competed in the 2015 USTA National Championships.
3. I have competed as an advanced athlete in a sanctioned USTA meet prior to these Team Trials in the events I am entering. I understand that it did not have to be in this competition season.
4. I understand that if I qualify for the USTA National Team, I will be committed to the USTA National Team from the time I qualify through the 2017 USTA National Championships.
5. I understand that if I qualify for the USTA National Team, I will receive a complete competition attire to wear as required.
6. If I qualify for the USTA National Team, I agree to:
 - A. Attend & compete in the 2016 & 2017 USTA National Championships.
 - B. Participate at the Opening Ceremonies at the 2016 & 2017 USTA National Championships
 - C. Attend the U.S.T.A. National Championship Athlete Party at the 2016 & 2017 National Championships
 - D. Participate in all National Team events unless I have a doctor's excuse or letter from my school. Non-participation in required events will result in the removal from the team.
7. In consideration on your acceptance of my entry, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive, release, and discharge and all rights and claims for damages, which I may, or which may thereafter accrue to me against the USTA, USTA Executive Board, Rae Ann Gore, Studio 50 Gym, Dance & Cheer Center LLC, Studio 50 Booster Club, Gail White, Twiststars Tumbling & Trampoline, Twiststars Parents' Club, Gymnastic Academy of Rockford, Tumbling & Acro Boosters or any of their respective officers, representatives, agents, successors, and/or assigns for any damage 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 Team Trial Competitions.
8. If I enter and compete in all 3 Team Trials, I will receive a free gift from the USTA.

ATHLETE SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

COACH SIGNATURE: _____

CODE OF CONDUCT
For U.S.T.A. Team Athletes



ALCOHOL DRINKING AND DRUG TAKING:

Team Members must not drink or take non-prescribed drugs. If you must take prescription drugs, bring a letter from your parents to give to your team leader.

Team Leaders must not drink in the motel room or in the presence of team members. The U.S.T.A would prefer no alcohol use by Team Leaders. Team Leaders must not take non-prescribed drugs.

SMOKING:

Team Members must not smoke.

Team Leaders must not smoke in the motel room.

ABUSIVE LANGUAGE, CURSING, AND GESTURES:

Team Members and Chaperones must not use abusive language, curse, or make inappropriate gestures.

Team Members and Chaperones must refrain from any inappropriate behavior.

BEHAVIOR:

Team Members must dress neatly and appropriately at all times.

Team Members must not engage in any acts of vandalism.

Team Members should show respect and courtesy at all times. Remember *please* and *thank you* go a long way.

Team Members may not room with anyone not assigned by the USTA Executive Board, i.e., boy or girl friends.

BULLYING

The USTA will not accept any form of bullying, verbal or mental abuse. There is a "0" tolerance policy for this type of behavior.

CURFEW:

Team Members must abide by all curfews set by the USTA Executive Board while on team trips and performances.

Team Members **CAN NOT GO ANYWHERE ALONE** (even to the ice machine)! Team Members must always tell their Room Leader where they are going and for how long.

I HAVE READ THE CODE OF CONDUCT AND TEAM OBLIGATIONS CONTRACT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INCIDENT.

PARTICIPANT SIGNATURE

DATE

COACH SIGNATURE

DATE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence, to the fullest extent permitted by law.

PARENT SIGNATURE

DATE

EMERGENCY PHONE NUMBERS (with area code)