

Gymstrada Parents Association

Locker Policy

2013-2014

Gymnast Last Name: _____

Gymnast First Name: _____

Gymnast Height: _____ inches

Locker/Lock Number
(if already have one): _____

Based on availability, each Gymstrada Team Gymnast that returns this form will receive a locker provided by the Gymstrada Parents Association (GPA).

I acknowledge and understand that:

1. I may not keep perishable food and/or open food containers in my locker overnight.
2. I may not write on the lockers, put stickers on them, hang pictures, on the lockers or deface them in any other manner. In addition, I may not attempt to obstruct the view of the contents in the locker by covering the transparent, plexi-glass front on the front of the girl's lockers or the open "windows" in the front of the boy's lockers.
3. I am not to trade lockers with anyone without approval from the GPA and that I should notify my level coordinator if I want to trade lockers and she/he will obtain the proper approval.
4. I am to take full responsibility for the cleanliness and security of my locker. I should not give out my locker combination to others. The GPA and Gymstrada cannot be held responsible for loss or theft of property kept in the lockers. If I notice any problems with my locker or damage to it, I should contact my level coordinator as soon as possible.
5. The lockers are the property of the GPA and that the lockers remain at all times under the control of the GPA.
6. The GPA and Gymstrada have a reasonable and valid interest in insuring that the lockers are properly maintained. For this reason, periodic inspections of the lockers will be done to check for cleanliness and vandalism. Inspections will be conducted by GPA Board members and/or Gymstrada Team coaches and may occur without notice.
7. The use of this locker is a privilege, not a right and that if I do not adhere to the guidelines above, I risk losing my locker privileges.
8. Lockers will be renewed annually with membership renewals in July/August each year.

Gymnast Signature: _____

Parent Signature: _____

GYMNAST MUST SIGN!