

Kawartha Gymnastics Club - Recreation Program Registration Form

Rec Session:	Program:	Date:
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NOTE: IF THE REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY

NAME OF PARTICIPANT			BIRTH DATE (DD/MM/YYYY)
NAME OF CLUB Kawartha Gymnastics Club	G.O. MEMBER #	DISCIPLINE	COMP LEVEL / STREAM
ADDRESS (PARTICIPANT'S)			
CITY	PROV	POSTAL CODE	TELEPHONE NO.
NAME OF PARENT / GUARDIAN (if under 18 years)		RELATIONSHIP	EMAIL:
PLEASE LIST ALL MEDICAL CONDITIONS / ALLERGIES (INCLUDING FOOD) OF THE PARTICIPANT.			
PLEASE LIST AND MEDICATIONS REQUIRED (TYPES / TIMES REQUIRED / STORAGE REQUIREMENTS / ADMINISTRATION PROCEDURES)			
NAME OF FAMILY PHYSICIAN		TELEPHONE # OF PHYSICIAN	FAX # OF PHYSICIAN
I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis; treatment required and anticipated medical results.			
I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY			
SIGNATURE OF PARTICIPANT (OR PARENT / GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18)			DATE (DD/MM/YYYY)

EMERGENCY CONTACT INFORMATION

IN THE CASE OF AN EMERGENCY INVOLVING THE <u>PARTICIPANT</u> , PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS		
NAME	RELATIONSHIP	HOME PHONE
ADDRESS		WORK PHONE
NAME	RELATIONSHIP	HOME PHONE
ADDRESS		WORK PHONE
NAME	RELATIONSHIP	HOME PHONE
ADDRESS		WORK PHONE

WE CANNOT REFUND FEES ONCE REGISTRATION IS COMPLETE AS WE ARE SAVING A SPOT FOR YOUR CHILD IN OUR PROGRAM.

**Kawartha Gymnastics Club
Participant Waiver**

Participant's Name:		Address:	
Session:	Tel #:	Email:	Discipline:

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Kawartha Gymnastics Club, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as Kawartha Gymnastics Club and others). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Kawartha Gymnastics Club accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against Kawartha Gymnastics Club and others.
2. To release the Kawartha Gymnastics Club and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Kawartha Gymnastics Club and others from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST KAWARTHA GYMNASTICS CLUB AND OTHERS.

Signature of Participant

(or Parent / Guardian if participant is under 18 years of age): _____

Date: _____

Please Print Name Clearly

