

ATHLETE REGISTRATION FORM

OFFICE USE ONLY	Summer 2011	Fall 2011	Winter 2012	Spring 2012
Date				
Cheque #				
Amount				
Insurance				

ATHLETE INFORMATION

Last Name	
First Name	Middle Name
Birth Date (dd/mm/yy)	
Address	
City	Postal Code
Home Phone	

PARENT/GUARDIAN INFORMATION

Mother's Name (or guardian)	Father's Name: (or guardian)
Address (if different from above)	Address (if different from above)
City/Postal Code	City/Postal Code
Occupation	Occupation
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone/Other	Cell Phone/Other
e-mail	e-mail

MEDICAL INFORMATION

Health Card No.	
Family Physician	Phone
Medical Concerns (including physical, mental and/or medical conditions. Specify any allergies, medications taken, etc.)	
Emergency Contact Person (other than above)	Phone

REGISTRATION INFORMATION

	SUMMER 2011	FALL 2011	WINTER 2012	SPRING 2012
PROGRAM NAME				
Training Day (s)				
Training Times				
Training Fee				
Insurance Paid				

**All NSF cheques are subject to a \$45.00 service charge per cheque
 Tax receipts can only be issued for the current gymnastic season.
 If you require a tax receipt, please let us know.**

Parent/Gurardian Signature _____ Date _____

PARENT OR GUARDIAN CONSENT OF PARTICIPATION AND WAIVER

By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for the Club/G.O.'s use in the delivery of a gymnastic program. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I understand that Gym Magic Gymnastics Club Inc. has tried to create a safe and controlled environment for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the Federation. I hereby give permission for emergency medical treatment to be administered to my daughter/son, as may be determined in the reasonable discretion of the Head Coach or Supervisor. 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.

PIPEDA RELEASE

On your registration form, you may be asked to provide information that personally identifies you and/or your child and allows us to contact you. Through your completion of this form, Gymnastics Ontario and Gym Magic Gymnastics Club may also collect certain information, such as your address, phone and e-mail address to share with other Gymnastics Ontario member clubs and the general public, both on our website and in hard copy. This information will be used only to ensure proper operation and to maintain quality of service. Gymnastics Ontario and Gym Magic Gymnastics Club will not share any personal information with third parties without your permission, other than if required to do so by law, or in a good faith belief that such disclosure is necessary to either comply with the law, prepare and defend the rights or property of Gymnastics Ontario, or to protect a user of our Web site. Gym Magic Gymnastics Club is responsible for the personal information you provide to us. We will ensure that all personal information is handled in a confidential manner and all reasonable precautions are taken to avoid loss, theft or unauthorized access, disclosure, copying, use or modification.

GYMNASTICS ONTARIO IMAGE RELEASE FORM

Participants at any event in which Gymnastics Ontario is involved may have their image, likeness, name, (excluding personal address, phone, fax number, and/or email address), club, province, city/town, as well as rank within Canada and previous performing, competitive, judging choreographing or coaching history used in publications and on the internet by Gymnastics Ontario as well as its agents and sponsors from time to time. When signing this form, gymnasts, volunteers, coaches, judges and, in the case of minors, their parent/ guardian, agree that they have the authority to provide this authorization/approval to Gymnastics Ontario and its agents, and sanctioned organizing committees. A facsimile, a scanned and emailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

I allow the use of personal information as outlined above, and image on Gymnastics Ontario and Gymnastics Canada Media, including news release, newsletter, website, poster, brochure, video, and sponsorship packages.

Gymnast's Name: _____ Phone Number: _____

Name of Parent/Guardian of participant:
(if under the age of 18) _____

Signature of Parent/Guardian

Date