



4390 Paletta Court, Unit A
 Burlington, Ontario L7L 5R2

Phone and Fax Number: 905-637-7533

Email: GymMagic.Gymnastics@gmail.com

<u>OFFICE USE ONLY</u>	Summer 2019	Fall 2019	Winter 2020	Spring 2020
Date				
Cheque # / Cash/ Debit				
Class Name Day / Time				
Class Fee				
G.O Insurance fee	\$35.00			
*Tax Receipt received Date/ Initials				

Athlete Information (PLEASE PRINT CLEARLY)

First and Last Name:	Sex: Age: Date of Birth (DD/MM/YYYY)
Parent Name:	Home Phone:
Address:	Alternative Phone number:
City:	Email Address: (PLEASE PRINT CLEARLY FOR COMMUNICATION PURPOSES)
Postal Code:	
Health Card Number: Medical Conditions Y_____ N_____	How did you hear about Gym Magic Gymnastics Club?
If Yes Please explain:	

GYM MAGIC CLUB POLICIES (Please READ and INITAIL)

- All NEW registrations are subject to a** Gymnastics Ontario **Annual Non-Refundable** membership fee of \$35.00 Per Child and it is good July 1st, 2019 - June 30th, 2020.
- Registration is on a First Come, First Served basis, Gym Magic will not hold a space for registration without payment and reserves the right to cancel a class due to low enrolment.
- In **ALL** cases, fees are **NON-REFUNDABLE**. If there is a Medical reason resulting from injury ON SITE, a refund **MAY** be given with proper documentation (ie doctors note or proof of injury), minus any classes attended and a \$30.00 cancelation fee will apply. Gym Magic reserves the right to terminate your membership at our discretion without refund.
- \$45.00 charge for NSF cheques. **ALL FEES INCLUDE HST (WE TAKE CASH, CHEQUE OR DEBIT ONLY)**
- A charge will be applied to all first time "try out" classes, \$25.00 for 1-hour classes and \$37.50 for 1.5-hour classes
- Make-up classes are NOT available due to coach/athlete ratios. In the event of a club cancelation a make-up will be decided upon and you will be notified IF there will be a make-up class.
- Parents are NOT permitted in the gym unless in a Parent and Tot program (Parents are not to be on equipment at any time). Please wait in the change room until invited into the gym by a coach. Please have a coach will assist your child to get to their class if arriving late**

I have read and understand the above Policies

(Please Initial)

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.

By signing this form, I have read and agree to ALL the policies as outlined in this agreement

Gymnast's Name: _____ Phone Number: _____

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

Signature of Parent/Guardian

Date