

Brockville Gymnastics Academy - Registration Form

10 Gilmour Street, Brockville, ON K6V 5J8

T: 613 345 3836 F: 613 345 8061 E: bga@ripnet.com W: www.brockvillegym.com

ONE FORM PER FAMILY

Name (Gymnast #1) Male Female Birthday (dd/mm/yy) Age

Medical Concerns
(injuries, accidents, allergies,
physical/mental conditions)

Please specify
last CANGYM
badge received

Name (Gymnast #2) Male Female Birthday (dd/mm/yy) Age

Medical Concerns
(injuries, accidents, allergies,
physical/mental conditions)

Please specify
last CANGYM
badge received

Name (Gymnast #3) Male Female Birthday (dd/mm/yy) Age

Medical Concerns
(injuries, accidents, allergies,
physical/mental conditions)

Please specify
last CANGYM
badge received

Name of Parent(s)/Guardian(s)

Address City Postal Code

Telephone # Cell # Emergency # (1) Relationship

E-mail Emergency # (2) Relationship

Action photos of program participants are occasionally taken for promotional purposes. Individuals will not be identified without parents consent. Do you consent to have your child's photograph taken? Yes No

PARENT/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 BGA/G.O's use in the delivery of a gymnastic program. It is my responsibility to notify BGA of any changes on this form. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that BGA has established rules 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 BGA 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 son/daughter, as may be determined in the reasonable discretion of the club. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.

Parent/Guardian Signature Date (dd/mm/yy)

PLEASE NOTE:

1. Fee payments accepted in CASH, CHEQUE, or INTERAC; cheques should be made payable to "Brockville Gymnastics Academy".
2. Registrations will be confirmed ONLY with FULL PAYMENT.
3. \$25 charge on all NSF cheques.
4. A pro-rated refund will be provided if your child withdraws from a class. A \$10 cancellation fee will apply.
5. Please retain receipt for income tax purposes. \$15 charge on all duplicate receipts.