PERSONAL INFORMATION

ADULT OPEN GYM PROGRAM 2018-2019

ATHLETE INFORMATION (please print)			YYYY / MM / DD
FULL NAME:	SEX:	AGE:	D.O.B._____/_____/_____
ADDRESS:	HOME PHONE:		
CITY:	ALTERNATIVE PHONE:		
POSTAL CODE:	EMAIL ADDRESS:		
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE #:		
MEDICAL CONDITIONS? YES_____ NO_____ If YES, please explain:			
How did you hear about us?			
If you were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes? Yes No			

CONSENT OF PARTICIPATION AND WAIVER By submitting and signing this form, I acknowledge that I am aware that there are risks with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I acknowledge that there is potential risk for injury involved in gymnastics. I understand that Gemini Gymnastics and Gymnastics Ontario have tried to create a safe and controlled environment for participation and that the club established rules for participation must be followed by the participant at all times. 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. (Please ask for clarification regarding waiver if necessary)

Participant Initial: I have read and understand the above waiver ☐ (initial please)

Parent/Guardian (if under 18): I have read and understand the above waiver ☐ (initial please)

PLEASE READ PROCEDURES PRIOR TO SIGNING REGISTRATION FORM

1. Classes are confirmed on a first come first served basis. Verbal confirmation will be given upon receipt of payment only.
2. We are in compliance with your rights under the Consumer Protection Act
3. **In all cases, fees are non-refundable after the 10 day period. A refund will be issued within the 10 day period, less classes passed and a $25 + HST cancellation fee will apply. Dated, written withdrawal is required.**
4. **If there is a medical reason, a credit will be offered (from the date of the request) minus classes passed and a $25 + HST cancellation fee will apply. Dated, written withdrawal is required.**
5. **In all cases, the annual G.O insurance & registration fee of $31.00 + HST is non-refundable.**
6. Non-attendance does not constitute notice of withdrawal.
7. Make-up classes are not available.
8. Classes and times are subject to cancellation or rescheduling at the discretion of Gemini Gymnastics.
9. Must leave on time or a late fee of $10 + HST will be charged.

A copy of this policy is received with the program schedule ☐ (initial please)

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

Participant: MM / DD / YYYY

Name: _____ **Signature:** _____ **Date:** _____/_____/_____

Parent/Guardian (if under 18): MM / DD / YYYY

Name: _____ **Signature:** _____ **Date:** _____/_____/_____

FOR OFFICE USE ONLY

Date:													
Program Fee:	$	$	$	$	$	$	$	$	$	$	$	$	$
G.O. Insurance: (due every July 1)	$31+HST												
Payment Method													
TOTAL PAYABLE:	$	$	$	$	$	$	$	$	$	$	$	$	$