

# Recreational Registration Form



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth (yy/mm/dd) \_\_\_ / \_\_\_ / \_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Primary contact \_\_\_\_\_

Work place \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Permission to send emails : Yes \_\_\_ No \_\_\_

Secondary contact \_\_\_\_\_

Work place \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Permission to send emails : Yes \_\_\_ No \_\_\_

Emergency contact \_\_\_\_\_

Relationship to gymnast \_\_\_\_\_

Phone Number \_\_\_\_\_

Special Medical Notes \_\_\_\_\_

\_\_\_\_\_

Any previous injuries \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_  
(participant/parent/guardian) declare that I have accurately disclosed all information regarding physical, mental or medical condition affecting the named participant and acknowledge that this information may be used for the Club and/or Gymnastics Ontario.

I warrant that the participant named on this form is physically fit to participate in gymnastics.

I acknowledge that there is potential risk for injury involved in training and competition in any sport, including gymnastics.

I understand that Gymnastics Ontario has created a safe and controlled environment for participation and that the Club has established rules for participation on the gymnastics 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 will 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/self, as may be determined by reasonable discretion of his/her/my coach/manager.

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.

I understand that any pictures, film/video may be used for publicity, promotion or any marketing of Extreme North Gymnastics and hereby waive compensation or claim of any kind thereto.

I hereby give permission to Extreme North Gymnastics to contact me and send electronic messages through e-mail and forms of social media knowing I can unsubscribe at anytime.

I \_\_\_\_\_  
**(participant (over 18) / parent / guardian) understand the previous statements and agree to be bound by them.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Office use only

Name			GO Number
			Date pd
Month	Day	Year	Date entered
			Level

Session	Total Paid
Location	Debit / Cash / Credit / Check / Other _____
Program	Date Paid
Day / Time	Staff member
Quoted Price	If Refunded : Amount _____

Session	Total Paid
Location	Debit / Cash / Credit / Check / Other _____
Program	Date Paid
Day / Time	Staff member
Quoted Price	If Refunded : Amount _____

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Program	Date Paid
Day / Time	Staff member
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Session	Total Paid
Location	Debit / Cash / Credit / Check / Other _____
Program	Date Paid
Day / Time	Staff member
Quoted Price	If Refunded : Amount _____

Other Fees	Cost	Date paid	Cash / Check / Visa / Other