



**Program Release and Registration Form**

**Child Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M / F Health Care Number: \_\_\_\_\_ List all Allergies: \_\_\_\_\_

Medical History/ Relevant Diagnosis: \_\_\_\_\_

Explosion Gymnastics welcomes children and youth of all abilities. We believe that all children should have the opportunity to pursue their passions and would love to be part of the journey. We would like to work with you to ensure your child has a fun and welcoming experience, and encourage you to share what, if any, supports or accommodations your child may require to participate in our programs.

**Parent/Guardian Information**

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Information** (In the event of an emergency and we are unable to contact you)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Gymnasts MUST be wearing athletic clothing, have long hair ties back in order to participate. A fifteen minute late policy is in effect. If a child arrives fifteen minutes late, they cannot participate in that class.

**Refund Policy:** Those wishing to withdraw two weeks prior to the start date of the session will be charged a \$25.00 administration fee. Those wishing to withdraw within two weeks after the session has begun will receive a 75% refund after being charged the cost of classes occurred. No refunds will be given two weeks after session has begun. All NSF cheques will be charged a \$30.00 fee.

**Pick-Up Policy:** Parents need to pick up/drop off their child(ren) at their designated class times. Those who are ten minutes late to pick up their child(ren) will be charged a \$20.00 late fee plus an additional \$10.00 per ten minutes thereafter.

\_\_\_\_\_ I have read and understand the Refund Policy and Pick-up Policy.

**Signature Required on Back -->**



**Informed Participation Consent, Release of Liability, Waiver of Claims, Assumption of Risks and Idemnity Agreement for Minors**

I, \_\_\_\_\_ consent that my child \_\_\_\_\_ can participate in the 2016-2017 Programs at Explosion Gymnastics.

I understand and agree that my child must abide by the gym rules posted throughout the gym. I acknowledge that gymnastics and other activities offered at Explosion Gymnastics may involve a certain element of risk, which may result in bodily injury (including the risk of severe or fatal injury) to myself or my child/ward (if signing on behalf of minor child). "I also acknowledge that gymnastics requires the coach to perform some manual spotting which involves direct physical contact and is designed to assist the participant in the safe performance of the program skills. I understand that Explosion Gymnastics has tried to create a safe and controlled environment for participation and that the Club 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 the Club may result in the suspension or termination of membership. I voluntarily recognize and accept these physical risks and physical contact for spotting purposes and agree to abide by the "Gym Rules" as posted in the gym and/or dictated/published/circulated from time to time." If applicable to a participant under the age of 18 years old, I acknowledge and agree that the above-mentioned child is physically fit to participate in gymnastics and that my child be allowed to participate in the gymnastics program and/or other activities offered at Explosion Gymnastics. I also allow Explosion Gymnastics to use pictures of my child for their promotional pictures, unless I specifically indicate otherwise in writing to Explosion Gymnastics. In consideration of your acceptance of my participation or my child's participation (if signing on behalf of minor child); I, intending to be legally bound, do hereby, for myself and my child, heirs, executors and administrators waive the right to sue and release forever and discharge any and all rights and claims for losses, damages, and/or injuries which I and my child may have or may hereafter accrue to me or my child (if signing on behalf of minor child) against Explosion Gymnastics, the organizers or their respective officers, agents, representatives, employees, volunteers, officials, sponsors, directors, owners, agents, coaches, instructors, or independent contractors and/or assigns for any losses, damages and injuries which may be sustained and suffered by me or my child (if signing on behalf of minor child) in connection with our association with or entry in the above athletic activity or which may arise out of our participating in said athletic activity.

It is my understanding that, in the case of an emergency, Explosion Gymnastics assumes no financial obligations for expenses incurred in carrying out emergency procedures and/or emergency transportation. I hereby authorize simple First Aid to be delivered to myself or my child by Explosion Gymnastics' coaches, staff, or other authorities and consent to any medical examination and diagnosis, X-ray, dental, or surgical diagnoses which is deemed necessary. I confirm that the above-mentioned child is in good health and that I have reported any medical information, which is necessary for the proper gymnastics involvement and care of the above-mentioned child/person. I voluntarily affix my name in agreement. I confirm that I have accurately reported and disclosed any physical or mental medical condition to Explosion Gymnastics, which is necessary for the proper gymnastics involvement and care of the above-mentioned person.

I hereby authorise basic first aid to be delivered to myself or my child by Explosion Gymnastics or other authorities. By administering basic first aid when required or requested, Explosion Gymnastics in no way warrants or assumes any liability in any relation to the administration of such basic first aid.

I understand and agree that the membership fee is paid to the Alberta Gymnastics Federation and is allocated to the annual Alberta Gymnastics General Liability Insurance Policy should any injury/accident occur, while a participant is at Explosion Gymnastics. This cost is compulsory and cannot be waived.

I will allow Explosion Gymnastics to use pictures of my child for promotional purposes unless I specifically indicate otherwise in writing to Explosion Gymnastics. In consideration of your acceptance of myself and/or my child's participation, I, intending to be legally bound, do hereby, for myself and/or my child heirs, executors and administrators waive the right to sue and release forever and discharge any and all rights and claims for losses, damages and/or injuries which I and/or my child may have or may hereafter accrue against Explosion Gymnastics, or their respective officers, representatives, employees, volunteers, officials, sponsors, directors, agents, coaches, instructors or independent contractors and/ or assigns for any losses, damages and injuries which may be sustained and suffered by me and/or my child in connection with our association with or entry in the athletic activity or which may arise out of our participating in said athletic activity.

Parent/Guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to sign and return this waiver form will result in not being admitted in the program.**

Providing the following information is voluntary and will be used for our information only:

How did you learn about our programs? Please circle all that apply:

Newspaper Website Word-of-Mouth Facebook Flyer through Schools Other: \_\_\_\_\_

**Program Fees (Office use only)**

Class Day and Time: \_\_\_\_\_ Class Cost: \_\_\_\_\_

Sibling Class Day and Time: \_\_\_\_\_

Sibling Class Day and Time: \_\_\_\_\_

Sibling Class Day and Time: \_\_\_\_\_

Total Fees: \_\_\_\_\_ Membership: Yes/No \_\_\_\_\_

GST: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Grand Total: \_\_\_\_\_ Paid By: Visa \_\_\_\_\_ MC \_\_\_\_\_ Debit \_\_\_\_\_ Cash \_\_\_\_\_ Chq# \_\_\_\_\_