

PLEASE PRINT FORM, FILL IT OUT, SIGN AND BRING IT INTO OUR OFFICE

PARTICIPANTS

NAME: _____ **M / F** **D.O.B:** _____
First Name Last Name yr, month, day

PARENT'S NAMES: _____ **E-MAIL:** _____

MAILING ADDRESS: _____
Street Number Street Name City Postal Code

DAYTIME PHONE: _____ **EVENING PHONE:** _____

GYMNASTICS ONTARIO REGISTRATION FEE PAID (GO)? 07 08 09 10

HOW DID YOU HEAR ABOUT US? Nugget Radio Sportsbooster Friends/Family Website Other (Specify) _____

SESSION					
PROGRAM					
DAY/TIME					
FEE					
METHOD OF PAYMENT					

Session: Spring 2007, Fall 2007, Winter2008
 Program: MPT, GMC, KGM, BY, GV, REC, TRAMP, ADULT
 Method of Payment: Cheque, Visa, Interac, Cash

1. Apollo Gymnastics is not-for-profit organization; therefore no taxes are applies to registration fees.
 2. Gymnastics Ontario Registration Fees are added to total registration fees if not already paid for the year.



PARTICIPANT CONSENT & MEDICAL DATE RECORD

Does the participant have any physical, mental or medical conditions that, for safety reasons, should be disclosed? Yes _____ No _____

Has the participant ever had an injury or accident requiring ongoing medical attention? Yes _____ No _____

Has the participant ever had surgery? Yes _____ No _____

By submitting & 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 & acknowledge that this information may be used for the Club/GO use in the delivery of a gymnastic program. I acknowledge that there is potential risk for injury involved in training & competing in any sport. I understand that Gymnastics Ontario has tried to create a safe & 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 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 herby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of the Meet Director/Team Manager. 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.

Signature of Participant (or parent/guardian if participant is under 18) _____ **Date (M/D/Y)** _____