

RR GYMNASTICS & TRAMPOLINE CLUB

P.O. Box 847
Greenwood, N.S.
B0P 1N0

TERM: SPRING FALL 20____
 PRE-SCHOOL RECREATIONAL COMPETITIVE

DAY: _____
TIME: _____

NAME: _____
Family Given

MALE FEMALE

MAILING ADDRESS : _____ PHONE: _____

E-MAIL: _____

BIRTHDATE: _____ PARENT/GUARDIAN: _____
DD MM YY

PREVIOUS BADGE LEVEL OR EXPERIENCE: _____

OTHER SIBLINGS REGISTERED: _____

WOULD YOU BE INTERESTED IN HELPING ON OUR PARENT COMMITTEE? YES NO

MAY WE USE YOUR CHILD'S NAME/PICTURE IN NEWSPAPER ARTICLES OR PROMOTIONS? YES NO

EMERGENCY CONTACT/MEDICAL NOTES (ALLERGIES, MEDICATIONS, and RESTRICTIONS):

DOCTOR: _____ PHONE: _____

HEALTH CARD NUMBER: _____ EXPIRY DATE: _____

EMERGENCY CONTACT(S): NAME: _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____

I AM AWARE THAT RR GYMNASTICS & TRAMPOLINE CLUB GIVES SPECIFIC PERSONAL INFORMATION TO GYMNASTICS NOVA SCOTIA FOR REGISTRATION PURPOSES ONLY. GYMNASTICS NOVA SCOTIA MAY THEN PROVIDE SPECIFIC INFORMATION TO GYMNASTICS CANADA FOR REGISTRATION OR COMPETITION PURPOSES ONLY. RR GYMNASTICS & TRAMPOLINE CLUB DOES NOT SELL OR DIVULGE PERSONAL INFORMATION TO ANY OTHER SOURCE OTHER THAN THAT REQUIRED FOR A MEDICAL EMERGENCY WITH PARENT OR GUARDIAN'S CONSENT.

AS A PARENT/GUARDIAN OF THE ABOVE NAMED APPLICANT, I HEREBY GIVE MY CONSENT FOR HIM/HER TO PARTICIPATE IN THE RR GYMNASTICS & TRAMPOLINE CLUB PROGRAM AND CERTIFY THAT HE/SHE IS PHYSICALLY FIT TO TAKE PART IN ALL ACTIVITIES. FURTHER, I DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE SAID ORGANIZATION, STAFF, AND VOLUNTEERS FROM ANY AND ALL CLAIMS FOR DAMAGES AND/OR INJURIES OCCURRING DURING RRGYMNASTICS & TRAMPOLINE CLUB ACTIVITIES. I ALSO CONSENT FOR THE RR GYMNASTICS & TRAMPOLINE CLUB TO PROVIDE OR OBTAIN EMERGENCY MEDICAL TREATMENT FOR THE ABOVE NAMED PARTICIPANT IF NECESSARY.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

TOTAL DUE: _____ DISCOUNT:\$ _____ PAYMENT METHOD: CASH _____

TOTAL:\$ _____ CHEQUE _____

CGF# _____ POSTDATED _____