



NOTIFICATION OF RISK, MEDICAL/EMERGENCY RELEASE AND WAIVER OF LIABILITY
PLEASE READ CAREFULLY

FIRST NAME:	LAST NAME:	DATE of BIRTH:	GENDER:
ADDRESS STREET:		CITY:	PROVINCE
POSTAL CODE:	PARENT/GUARDIAN NAME:	TELEPHONE:	
EMERGENCY CONTACT	TELEPHONE:	CLUB NAME: Altadore Gymnastic Club	

Alberta Freedom of Information and Protection of Privacy Act. (FOIP)

By signing below I consent to having the information in this document collected by The Directors of the Gymnastics Club. The personal information requested on this form is collected under the authority of the Gymnastics Club and Section 33 © of the FOIP Act to allow participation in programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIP Act.

Photo/Video Release

I acknowledge that the Gymnastics Club may take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising purposes. I agree to have my/my child's picture and/or video used for advertising purposes _____ (initials).

Description of Risks:

I am aware that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. I acknowledge that personal harm or injury may be sustained during my/my child/children involvement in the activity, for example broken bones, head injuries, dislocations, tendon and ligament damage, damage to teeth and dental work, spinal injuries that could result in various degrees of paralysis or death. I acknowledge and assume the potential risks and consent to my/my child/children participation.

Consent to Participation:

- I/my child have/has been informed that I/he/she is to abide by the rules and regulations including directions and instructions from the administrators, instructors, and supervisors as imposed on me/my child/children while participating in the program.
- In the event that I/my child fails to abide by the rules and regulations imposed on me/my child/children while participating in the program, disciplinary action may either require that I/he/she not participate in the program or activity, or that I will leave/be contacted to have my child picked up or transported home at my own expense.
- I acknowledge that it is my responsibility to notify the staff of any physical or mental concerns for me/my child which may affect my/my child's participation in the program.
- I acknowledge that the program may require an instructor to perform some manual spotting which involves direct physical contact with my child and designed to assist the participant in the safe performance of the program skills.

Waiver of Liability

I acknowledge that I have read the above description of risks and accept responsibility for my own actions/my child/children actions. I also acknowledge that I understand, appreciate and accept the physical risks associated with my participation in and / or in the Gymnastics Club's program, and that I have executed this understanding of risk agreement voluntarily.

In consideration of my/my child's participation in the program with the Gymnastics Club with its inherent risks and hazards, I agree to:

- Waive and Release any and all claims against all liability for personal injury, death, property damage, or loss that I/my child may suffer, arising from any cause whatsoever, that I or my child may have now or in the future against the Gymnastics Club, its elected directors and officers, employees, agents, volunteers, and representatives, or any of them in connection or participation within the program

Medical/Emergency

I hereby authorize basic first aid to be delivered to me/my child by the club staff or other authorities. By administering first aid when required or requested, the Gymnastics Club in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency; the Gymnastics Club assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

I CONFIRM THAT I HAVE READ, COMPLETED AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST THIS GYMNASTICS CLUB.

Signed this _____ day of _____, 20____ at _____

Signature of Participant (if over 18 years of age)

Signature of Witness

Signature of Parent or Guardian (as named above)

Signature of Witness

Adult Drop In [] Teen Drop In [] Family/Home School Drop In [] Cheer Drop In [] Birthday Party [] Other []

Athlete / Coach Registration Form

Club Name: _____

Contact Name: _____

Address: _____

Phone: _____ E-mail: _____

Athlete Name	M/F	Age	Level	Payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Name of Coach Attending	E-mail Address	Certification Level

Total # of Athletes (WAG/MAG/T&T) _____ X \$50.00= _____

Total # of Athletes (Group Performance) _____ X \$45.00= _____

Total # of Athletes (WAG/MAG/T&T and GP) _____ X \$80.00= _____

Total: _____ = _____