

PLEASE COMPLETE – NEW GYMNAST

Name: _____ Age: _____

DOB (D/M/Y): _____ Gender: _____

Address: _____ City _____

Postal Code: _____ Home Phone: _____

Mom's name: _____ work/cell # _____

Work place: _____ Email: _____

Dad's name: _____ work/cell # _____

Work place: _____ Email: _____

Emergency Contact: Name: _____

Phone #: _____ Relationship: _____

DR. Name: _____ Phone #: _____

Medical Info: (Please list ALL conditions or concerns, medical, mental, physical, behavioural, emotional etc, pertaining to your child)

Any broken bones or surgery in the past 2years _____

Class(es) Requested:

Day: _____ Time: _____ Age Group: _____

Class Fee: _____

G.O. Fee: _____

Family Discount: _____

Total Fee (for this child): _____

Total Payment: _____ Cheque Cash

Received by (initials) _____ Verified by _____ (registrar only)

PLEASE READ CAREFULLY AND SIGN WAIVER

WAIVER

By submitting this form, I (parent/guardian) acknowledge:

That I am aware that there are risks associated with gymnastics.

That the participant named on this form is physically fit to participate in gymnastics.

That the information on this form may be used for London Beje Gymnastics/Gymnastics Ontario's (GO) use in the delivery of a gymnastics program.

That London Beje Gymnastics and GO have tried to create a safe and controlled environment for participation.

That London Beje Gymnastics has established rules for participation that must be followed by the participant(s).

Confirm that I have read, understand and agree to the terms and conditions and agree to be bound by the rules established by London Beje Gymnastics from time to time, including a copy of which is available on the internet at www.londonbejegymnastics.com

That failure to comply with any of the policies and rules of London Beje Gymnastics and GO may result in suspension or termination of membership.

I declare:

That, I have accurately disclosed all information regarding physical, mental or medical condition(s) affecting the named participant.

That it is my responsibility to ensure that the information on this form is kept current and I will notify London Beje Gymnastics of any changes immediately.

I hereby give permission for emergency medical treatment to be administered to my child/self, as may be determined by reasonable discretion of his/her/my coach/manager.

For adults 18 and over – I hereby waive my rights to damages or other costs in the event of injury caused due to participation or other involvement with GO.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND IDEMUNITY AGREEMENT
By signing this document you will waive certain legal rights, including the right to sue.**

PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of London Beje Gymnastics, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "London Beje Gymnastics and others"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND IDEMUNITY AGREEMENT

In consideration of London Beje Gymnastics accepting my application to participate in this activity, I agree:

1. to waive any and all claims that I may have in future against London Beje Gymnastics and others.
2. to release the London Beje Gymnastics and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. to hold harmless and indemnify London Beje Gymnastics and others from any and liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HIERS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST LONDON BEJE GYMNASTICS AND OTHERS.

Signed the _____ day of _____, 2009

Signature of Applicant _____ Signature of Witness: _____