



TriStar Gymnastics Club



185 Clayton Dr., Markham, Ont., L3R 7P3, (905) 513-7827

www.tristargymnastics.com

TriStar Camp Registration Form

Participant:

Last name: _____ First name: _____

Sex: M / F Date of Birth: Year _____ Month _____ Day _____ Age _____

Medical/personal information (allergies, medications etc.): _____

Previous TriStar member? YES / NO Level achieved? _____

If not, how did you hear about us? _____

Parent/Guardian:

Last name: _____ First name: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact:

Last name: _____ First name: _____

Home #: _____ Work #: _____ Cell #: _____

Program Information:

Please check one and enter dates for camp

P.A. Day Camp: _____ March Break Camp: _____ Summer/Acro Camp: _____

TriStar Gymnastics Club Policies:

- All participants subject to a \$35 Gymnastics Ontario fee for insurance and administration.
- Participation begins once payment is received.
- TriStar Gymnastics Club has the right to change or cancel classes due to low enrolment (minimum 3 participants per class).
- Participants must abide by the rules of the gymnastics club.
- There are no make-up classes, refunds or credits for absence.
- There is a fee of \$25.00 for NSF cheques.
- If paying monthly, first and last month's fees and post-dated cheques for the remainder are due upon registration.
- Registration and first and last month's fees are non-refundable.
- 40 days notice must be given for any cancellations.
- 5% discount will be applied when paying 5 months in advance and 10% discount will be applied when paying 10 months in advance.

Office Use only:

GO fee: _____	GO fee paid: _____	Method of Payment: _____
Program fee: _____	Program fee paid: _____	Cheque Numbers (if applicable): _____
Total Fee: _____	Total Fee: _____	



TriStar Gymnastics Club



RELEASE OF LIABILITY, WAIVER OF CLAIMS

ASSUMPTION OF RISKS AND INDEMNITY 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 **TriStar Gymnastics Club**, 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 "**TriStar Gymnastics Club 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 INDEMNITY AGREEMENT

In consideration of **TriStar Gymnastics Club** accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against **TriStar Gymnastics Club AND OTHERS**.
2. To release **TriStar Gymnastics Club 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 **TriStar Gymnastics Club AND OTHERS** from any and all 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.

MEDICAL SERVICES AUTHORIZATION

Should the athlete suffer injury or illness while participating in gymnastics, I hereby authorize **TriStar Gymnastics Club** and its personnel to authorize such medical attention in the circumstances in the event that the parent/guardian or emergency contact cannot be reached.

INFORMATION COLLECTION AND PHOTO RELEASE

The undersigned acknowledges the prior and ongoing collection by **TriStar Gymnastics Club** of information respecting my child, including name, address, telephone number, progress reports, photographs, video images, TriStar Gymnastics Club WebPages and similar items and I hereby agree to the utilization and disclosure by **TriStar Gymnastics Club** of any of this information for the appropriate educational and marketing purposes related to the club.

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, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST TRISTAR GYMNASTICS AND OTHERS.

Print name of participant: _____

Signature of Parent/Guardian

Date

Print name of Parent/Guardian