



Recreational Registration Form

Participant:

Last name: _____ First name: _____

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

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

Parent/Guardian:

Last name: _____ First name: _____

Address: _____

Home #: _____ Cell #: _____ E-Mail: _____

Emergency Contact (different from above):

Last name: _____ First name: _____

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

Program Information:

Summer Rec Program: _____ Day: _____ Time: _____ Camp week(s): _____

Session 1 Program: _____ Choice #1 Day: _____ Time: _____ Choice #2 Day: _____ Time: _____

Session 2 Program: _____ Choice #1 Day: _____ Time: _____ Choice #2 Day: _____ Time: _____

TriStar Gymnastics Club Policies:

-All participants must pay a non-refundable \$40 Gymnastics Ontario (GO) fee.

-Participation begins once full payment is received. If paying monthly, first and last month's fees and post-dated cheques for the remainder of the session are due upon registration. There is a fee of \$25.00 for NSF cheques.

-TriStar Gymnastics Club has the right to change or cancel classes due to enrolment without notice (min 3 participants per class). **There are no make-up classes, refunds or credits for missed classes for any reason.**

-Club members are expected to abide by Tristar's code of conduct. Tristar reserves the right to refuse service or terminate the membership of anyone who violates the code of conduct.

-REFUND POLICY: Full refund minus a \$25 administration fee with written notification of cancellation prior to the start date of any program. From the start date to 30 days into the program, the GO fee and the first and last month's fees are not refundable and a refund of the remaining fees will be issued after written notification. If a discount rate has been given, any refund issued will be calculated based on regular monthly rates. **No refunds after 30 days from the start date of the program.**

-DISCOUNTS: 5% off for sibling in lesser program.

Office Use only:	<u>Summer</u>	<u>Session 1</u>	<u>Session 2</u>
Start Date:	_____	_____	_____
GO fee:	_____	_____	_____
Program fee:	_____	_____	_____
Total fees:	_____	_____	_____



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 athlete: _____

Please print parent or guardian name clearly

Signature of Applicant
(If applicant is under the age of 18, parent/guardian must sign.)

Date

GYMNASTICS ONTARIO and TriStar Gymnastics Club
PARTICIPANT INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT
2023-2024

WARNING! Please read carefully
By signing this document, you will assume certain risks and responsibilities

Participant's Name: _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of Gymnastics Ontario and TriStar Gymnastics Club (collectively the "Activities"), the undersigned, being the Participant and the Participant's Parent/Guardian (if Participant is under 18 years old), (collectively the "Parties"), acknowledge and agree to the terms outlined in this document.
2. Gymnastics Ontario, TriStar Gymnastics Club, and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization").

We have read and agree to be bound by paragraphs 1 and 2

Description and Acknowledgement of Risks

3. The Parties understand and acknowledge that:
 - a) The Activities have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury.
 - b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
 - c) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction.
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers and hazards include, but are not limited to:
 - a) Privacy breaches, hacking, technology malfunction or damage.
 - b) Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
 - c) Vigorous physical exertion, strenuous cardiovascular workouts, and rapid movements.
 - d) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus.
 - e) Failure to follow instructions or rules.
 - f) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the Participant's body or to the Participant's general health and well-being.
 - g) Abrasions, sprains, strains, fractures, or dislocations.
 - h) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
 - i) Physical contact with other participants, spotters, spectators, equipment, and hazards.
 - j) Collisions with walls, any gymnastics apparatus, floors, or mats.
 - k) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.
 - l) Failure to act safely or within the Participant's ability or designated areas.
 - m) Negligence of other persons, including other spectators, participants, or employees.
 - n) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities.
 - o) Contracting COVID-19 or any other contagious disease.

We have read and agree to be bound by paragraphs 3 and 4

Terms

- 5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
 - a) That when the Participant practices or trains in their own space, the Parties are responsible for the Participant’s surroundings and the location and equipment that is selected for the Participant.
 - b) That the Participant’s mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant’s mental and physical condition.
 - c) That the Participant may experience anxiety while challenging themselves during the Activities.
 - d) To comply with the rules and regulations for participation in the Activities.
 - e) To comply with the rules of the facility or equipment.
 - f) The risks associated with the Activities are increased when the Participant is impaired, and the Participant will not participate if impaired in any way.

- 6. In consideration of the Organization allowing the Participant to participate, the Parties agree:
 - a) That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to participate in the Activities.
 - b) That the Organization is not responsible or liable for any damage to the Participant’s vehicle, property, or equipment that may occur as a result of the Activities; and
 - c) That this Agreement is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

- 7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Ontario.

We have read and agree to be bound by paragraphs 5 to 7

Acknowledgement

- 8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Participant (print)

Signature of Participant

Date of Birth

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date