



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:

1. All participants must pay a non-refundable \$40 Gymnastics Ontario (GO) fee.
2. 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.
3. 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.**
4. 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.
5. **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 but a refund of the remaining fees will be issued. 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.**
6. **DISCOUNTS:** 5% off for payment in full and 5% off for second child (10% off third child) in lesser program. When registering for a second class in the same week, \$20 off the monthly fee for that class if enrolled in the full session.

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