

ADULT MEDICAL REGISTRATION FORM

MEMBER OF THE ALTERNATIVE GYMNASTICS RECREATIONAL INSURANCE PLAN



PROGRAM _____ DATE _____

NAME _____ HOME # _____

ADDRESS _____ CELL # _____

CITY _____ POSTAL CODE _____

BIRTH DATE _____ AGE _____ MALE / FEMALE

H.I.N. # _____

E-MAIL: _____

EMERGENCY CONTACT _____ PHONE: _____

FAMILY DOCTOR _____ PHONE _____

IN THE INTEREST OF PROVIDING YOU WITH A POSITIVE EXPERIENCE AT KIDS SUPERGYM - MISSISSAUGA, PLEASE CIRCLE THE APPROPRIATE RESPONSE:

DOES THE PARTICIPANT HAVE ANY PHYSICAL CONDITIONS? YES NO
IF YES, PLEASE ELABORATE _____

DOES THE PARTICIPANT HAVE ANY EMOTIONAL CONDITIONS? YES NO
IF YES, PLEASE ELABORATE _____

DOES THE PARTICIPANT HAVE ANY MEDICAL CONDITIONS? YES NO
IF YES, PLEASE ELABORATE _____

PLEASE TURN OVER

Although every effort will be made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved. If you have any doubts as to your suitability for participating, please consult your doctor.

_____(Please initial)

Cancellation Policy: All cancellations are subject to an administrative fee of \$30.00. Once the office is notified, in writing, that the participant is canceling, the unused portion of your payment minus the \$30.00 cancellation fee will be refunded. _____ (Please initial)

We, Kids SuperGym - Mississauga, will not share or divulge any personal or confidential information acquired from this form to any outside third party, not associated with Kids SuperGym - Mississauga. Personal information will be shared with our coaches only on a need to know basis.

RELEASE: I, undersigned, have read and understand the above policies of Kids SuperGym - Mississauga. I, undersigned, hereby agree to indemnify and save harmless Kids SuperGym - Mississauga, their officers, instructors, coaches, employees, members and clubs from and against all claims, demands, costs, damages, actions, suits or proceedings, arising out of participation of myself / my child _____ in any activity.

Participants name

Signature of participant, parent or legal guardian (if under 18 years of age).

MODEL RELEASE:

I hereby assign full copyright of these photographs to the above-mentioned company together with the right of reproduction either wholly or in part, in any way and in any medium, and specifically for the use of promoting Kids SuperGym – Mississauga.

I agree that the above mentioned photographs and any reproductions shall be deemed to represent an imaginary person, and further agree that Kids SuperGym – Mississauga may use the above mentioned photographs or any reproductions of them for any advertising purposes or for the purpose of illustrating any wording, and agree that no such wording shall be considered to be attributed to me personally unless my name is used.

Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Kids SuperGym – Mississauga or their agents in respect of any usage of the above mentioned photographs. I have read this model release form carefully and fully understand its meanings and implications.

Signed:

Date:

For models under 18 years of age, a parent or legal guardian must also sign:

Parent / Guardian:

Date:

HOW DID YOU HEAR ABOUT OUR PROGRAMS: (Please specify)

Friend:	Yellow Pages:	Gold Book:	Newspaper:	Brochure:	Display:
City Parent:	Miss. Parks & Rec.:	News for Kids:	Got My Kids:	Internet:	
Mississauga Kids:	Other:				