

MEDICAL REGISTRATION FORM (MINOR)

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. # _____

EMERGENCY CONTACT _____ PHONE: _____

FAMILY DOCTOR _____ PHONE _____

ANY MEDICAL CONDITIONS? YES NO

IF YES, PLEASE ELABORATE _____

PLEASE TURN OVER

MINOR

READ BEFORE SIGNING

MINOR'S ACKNOWLEDGEMENT OF RISKS AND RESPONSIBILITIES

I wish to participate in the programme, related events and activities of the Kids SuperGym - Mississauga.

I UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENTS:

1. The activities involved in this programme are dangerous. I risk the chance of serious injury or death through my participation.
2. My parents and I believe that I am physically, emotionally and mentally able to fully participate in this programme and as such have given their unqualified permission for me to take part.
3. I am familiar with, and will follow, all the applicable rules for participation in this programme.
4. My equipment is mechanically fit and suitable for my use in this programme.
5. I understand that at all times during my participation in this programme, I have sole responsibility for my safety.
6. If, during the course of my participation in this programme:
 - (a) I learn or become aware, of a change in my health, physical, emotional or mental condition, or
 - (b) I feel unsafe or threatened for any reason, or
 - (c) I notice anything unsafe about the programme,

I WILL IMMEDIATELY STOP PARTICIPATING and INFORM THE NEAREST OFFICIAL.

7. I am willing to accept all risk of being hurt or killed in this programme, both known and unknown, and to take full responsibility for my actions and behaviour.
8. I HAVE READ THIS STATEMENT OF RISKS AND RESPONSIBILITIES - I UNDERSTAND AND AGREE WITH WHAT I HAVE READ - AND I CHOOSE TO SIGN IT.

_____ Date Signed _____
PARTICIPANT'S SIGNATURE

PRINT NAME IN FULL _____

SIGNATURE OF WITNESS FOR MINOR PARTICIPANT - print name of participant