



SUMMER SPECIALTY TUMBLING 2018

We are pleased to announce that our Specialty Tumbling Program will continue this summer. With an increasing amount of requests for private lessons along with an overwhelming waiting list for them, we have developed this class to accommodate those waiting for lessons. These classes differ from our regular acro tumbling classes in that we have small athlete to coach ratios (5:1) with each athlete receiving some one on one time throughout their training to work on acquiring their specific skills. **Each athlete is assessed** and grouped with those of similar skill, goals and work ethic.

Classes will be offered on Thursdays
4:45 – 6:15 or 6:15 – 7:45

Dates	THURS July 12, 19, 26, Aug. 2, 9, 16, 23, 2018		Dates	THURS July 12, 19, 26, Aug. 2, 9, 16, 23, 2018	
Name:	THURS. Time:	Payment:	Name:	THURS. Time:	Payment:
KIDS SUPERGYM – MISSISSAUGA 3620 A LAIRD RD. UNIT 9 & 10, MISS. ON L5L 6A8 Phone: 905-607-5437 Fax: 905-607-5140 e-mail: kidssupergym.miss@gmail.com website: kids-supergym.com					

Please email kidssupergym.miss@gmail.com to book an assessment or call the office at 905-607-5437. An assessment is required for this program. There is a \$10 fee to be assessed (which would be applied toward the 18-19 registration fee if your child signs up for any program. If they are already registered for programs, there will be no charge for the assessment).

REG. FEE	1	X \$37.00*	REG. FEE	1	X \$37.00
Full session			Late start		
7 x \$37.50		\$262.50	x \$37.50		
HST		\$34.13	HST		
Sub Total:		\$296.63	Sub Total:		
TOTAL:			TOTAL:		

Registration fee: charged only if you have not paid for the 2018-2019 season. Valid until June 30, 2019

NO REFUNDS, CREDITS OR MAKE UP CLASSES WILL BE OFFERED FOR SUMMER CLASSES.

TO REGISTER PLEASE CUT AND RETURN THIS BOTTOM PORTION ALONG WITH THE FULL PAGE MEDICAL REGISTRATION FORM AND PAYMENT

Participant:		Parent / Guardian:	
Address		City:	Postal Code: Phone:
Date of Birth	M: D: Y:	Health Card #:	Cell #:
Medical Concerns:			
Specialty Tumbling – Thursday: Time:		Reg fee: \$ 37.00	(valid until June 30/19)
		Class Cost: \$	
		Total Payment: \$	
Participants Current Sport: Skill Level:		Participants Training Goals:	

MEDICAL REGISTRATION FORM



DUE TO THE LIMITED CLASSES OFFERED DURING THE SUMMER ALL CLASS PRICES HAVE BEEN DISCOUNTED THEREFORE **NO ADDITIONAL DISCOUNTS, REFUNDS, CREDITS OR MAKE-UPS.**

PROGRAM _____ DATE _____

NAME _____ HOME # _____

ADDRESS _____ CELL # (Mom) _____

CITY _____ POSTAL CODE _____ CELL # (Dad) _____

BIRTH DATE _____ AGE _____ MALE / FEMALE Health Ins. # _____

MOTHER / GUARDIAN _____ PHONE (bus.) _____

EMPLOYER _____

FATHER / GUARDIAN _____ PHONE (bus.) _____

EMPLOYER _____

E-MAIL: (used to forward Tax Receipt) _____

EMERGENCY CONTACT _____ PHONE: _____

FAMILY DOCTOR _____ PHONE _____

IN THE INTEREST OF YOUR CHILD'S POSITIVE EXPERIENCE AT KIDS SUPERGYM - MISSISSAUGA, PLEASE CIRCLE THE APPROPRIATE RESPONSE:

DOES THE PARTICIPANT HAVE ANY PHYSICAL CONDITIONS?
IF YES, PLEASE ELABORATE _____

YES NO

DOES THE PARTICIPANT HAVE ANY EMOTIONAL CONDITIONS?
IF YES, PLEASE ELABORATE _____

YES NO

DOES THE PARTICIPANT HAVE ANY MEDICAL CONDITIONS?
IF YES, PLEASE ELABORATE _____

YES NO

PLEASE TURN OVER

PARENT/GUARDIAN

READ BEFORE SIGNING

WARRANTY AND CONSENT OF PARENT/GUARDIAN

ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT

IN CONSIDERATION of allowing my minor child/ward to participate in the programme, related events and activities of the Kids SuperGym - Mississauga.

I WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this programme, and that his/her equipment is mechanically fit for his/ her use in this programme, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the programme.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

SIGNATURE OF PARENT/GUARDIAN

printed name of parent/guardian

SIGNATURE OF WITNESS

printed name of witness

DATE

AGE OF MINOR