



Aero Tumbling Workshops 2018

*Drills, Skills,
and Thrills*

MEMBER OF THE ALTERNATIVE GYMNASTICS RECREATIONAL INSURANCE PLAN

A.T. WORKSHOPS are geared towards the gymnast, dancer, cheerleader or athlete wanting to develop their level of floor skills in a concentrated period of time. Each athlete will work at their own pace improving on skills such as: walkovers, handsprings, saltos and aerials. Training will include breaking down skills and working on progressions, strength development and flexibility to ensure all skills are learned. Equipment will include the use of the floor, mini tramp and trampoline (located in our Main Gym) and 40' tumble track, rod floor & Olympic style trampoline (in our new Tumbling Gym). **Please note that an assessment of your child's skills may be required.**

OUR LIMITED SPACES BOOK QUICKLY SO PLEASE PLAN AHEAD. PAYMENT IS DUE AT TIME OF REGISTRATION.

PLEASE NOTE: NO CHILD WILL BE ABLE TO PARTICIPATE IN THE CAMP PROGRAM WITHOUT PRIOR REGISTRATION, SIGNED WAIVER, PAYMENT AND A MINIMUM OF 24 HOURS NOTICE.

IN THE EVENT THAT YOUR CHILD IS UNABLE TO ATTEND A BOOKED CAMP DATE, THERE WILL A CANCELLATION FEE OF 25% WITH A MINIMUM OF 72 HOUR NOTICE OR A 50% FEE WITH LESS THAN 48 HOURS NOTICE

ANNUAL REGISTRATION FEE \$ 37.00*

(valid from July 1/18-June 30/19. Charged only if not paid for 18-19)

*HST included

10% OFF FULL WEEK MON TO FRI. FULL DAYS	9 a.m. to 12 noon \$ 37.00* per half day 1 p.m. to 4 p.m. \$ 37.00* per half day 9 a.m. to 4 p.m. \$ 61.00* per day	10% OFF FULL WEEK MON TO FRI. HALF DAYS
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REG. FEE	1	X \$37.00			
		18-19 Rates			
# of half days:		X \$37.00			
# of full days:		X \$61.00			
Full Week Discount		- 10%			
		SUB TOTAL			
		B & A CARE			
		TOTAL:			

BEFORE AND AFTER CARE must be **RESERVED**. Before care **7:30 a.m - 8:50**

a.m.. After care **4:10 p.m.- 6:00 p.m.** Required times for drop off and / or pick up must be indicated on the registration form and paid for at registration as staff must be scheduled for the extended hours.

PLEASE NOTE ANY CHANGES OR CANCELLATIONS WILL RESULT IN ADDITIONAL CHARGES. PLEASE TURN OVER FOR DETAILS.

WEEK	1*	2	3	4	5	6*	7	8	9
TIMES	July 2* - 6	July 9 - 13	July 16 - 20	July 23 - 27	July 30 - Aug 3	August 6* - 10	August 13- 17	August 20 - 24	Aug. 27 - 31
9 to 12	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
OR									
1 to 4	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
OR									
9 to 4	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F

KIDS SUPERGYM – MISSISSAUGA 3620A Laird Rd. Units 9 & 10, Miss. On L5L 6A8

Phone: 905-607-5437 Fax: 905-607-5140 e-mail: kidssupergym.miss@gmail.com www.kids-supergym.com

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

Participant:		M / F	Parent / Guardian Name:		
Address			City:	Postal Code:	Phone:
Date of Birth M:	D:	Y:	Health Card #:		Cell #:

Medical Concerns:

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OR									
1 to 4	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F
OR									
9 to 4	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F	* Tu W Th F	M Tu W Th F	M Tu W Th F	M Tu W Th F

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		18-19 Rates			
# of half days:		X \$37.00			
# of full days:		X \$61.00			
Full Week Discount		- 10%			
		SUB TOTAL			
		B & A CARE			
		TOTAL:			

PLEASE INDICATE EARLY DROP OFF (7:30 A.M. – 8:50 A.M.)			
PLEASE INDICATE LATE PICK UP TIME (4:10 P.M. - 6:00 P.M.)			
DAYS REQUIRED:			
Before Care	# OF EARLY DROP OFFS	X \$10.00	
After Care	# OF LATE PICK UPS	X \$10.00	
Before and After Care	# OF FULL DAYS	X \$15.00	
Total:			

ACRO TUMBLING WORKSHOPS 2018 will be held during the weeks of July 2* – August 31, 2018.

Spaces are limited so please book your camp days ahead to insure availability.

PAYMENT IS DUE AT TIME OF REGISTRATION. PLEASE NOTE: NO CHILD WILL BE ABLE TO PARTICIPATE IN THE CAMP PROGRAM WITHOUT PRIOR REGISTRATION, SIGNED WAIVER, PAYMENT AND A MINIMUM OF 24 HOURS NOTICE. To register, forms must be submitted with payment. You may post date your cheque(s) for the month in which your child is participating i.e. July 1 or Aug. 1, 2018

IN THE EVENT THAT YOUR CHILD IS UNABLE TO ATTEND A BOOKED CAMP DATE, THERE WILL A CANCELLATION FEE OF 25% WITH A MINIMUM OF 72 HOUR NOTICE OR A 50% FEE WITH LESS THAN 48 HOURS NOTICE

THERE WILL BE A \$5 CHARGE FOR ANY CHANGES TO BOOK DATES

PLEASE NOTE: DUE TO ALLERGIES WE ASK THAT YOU DO NOT SEND ANY PEANUT PRODUCTS OR FOOD CONTAINING NUTS / PEANUTS WITH YOUR CHILDREN. THOUGH WE TRY TO LIMIT THE ENTRY OF NUTS / PEANUT PRODUCTS INTO THE FACILITY WE CANNOT GUARANTEE THAT WE ARE PEANUT FREE.

CAMP DO'S

- Fill out medical registration form
- Fill out Summer Camp registration form
- Remit payment with forms
- Label each lunch bag with child's name
- Pack each child's lunch bag separately
- Pack complete lunches for a full day
- Pack snacks for morning and / or afternoon
- Re-sealable juice containers for younger kids
- Label extra water in containers with child's name
- Comfortable, stretchy clothing
- Bare feet
- Send a change of clothes
- Child is toilet trained
- Tie up longer hair

CAMP DON'TS

- **NO NUTS OR PEANUT PRODUCTS**
- No shared lunches or snacks
- Avoid glass containers
- Avoid soups
- Avoid lunches that need to be refrigerated
- Do not send money for pop machine
- **No electronics**
- No jewelry
- No gum

MEDICAL REGISTRATION FORM



MEMBER OF THE ALTERNATIVE GYMNASTICS RECREATIONAL INSURANCE PLAN

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