



# HOLIDAY & MARCH BREAK JUNIOR ACRO TUMBLING CAMP

The Junior Acro Tumbling Camp Program geared to 5 - 8 year old athletes. This Camp is designed to give the younger athletes a taste of our very popular Acro Tumbling Workshops along with the fun and flavour of our Gymnastics Camp. While our A.T Workshops are quite intense and require athletes to arrive with some pre requisite skills, the Junior AT Camp will teach athletes between the ages of 5-8 strong tumbling basics and foundational skills such as strong handstand, bridges, cartwheels, combined with strength, flexibility and coordination. Full Day program consists of: Mornings 9 a.m. -12 p.m. Acro Tumbling, 12 -1 p.m. Lunch, Gymnastics Camp 1- 4 p.m. Full week is Jr. Acro Tumbling Camp Monday to Thursday with full day Gymnastics Camp on Friday.

## Junior A.T. Camp offered A.M.'s During the Holidays and March Break

Dates			Holidays: Dec. 27, 28, 2018 & Jan. 2, 3, 4, 2019			Dates			March Break: March 11, 12, 13, 14, 15, 2019		
Name:		Payment:	Method & Date:			Name:		Payment:	Method & Date:		
Registration fee		1 x \$ 37.00*				Registration fee		1 x \$ 37.00*			
Full day		1 x \$ 59.50				5 FD FW -10%		1 x \$266.40			
AM only		1 x \$ 36.00				4 FD		1 x \$238.00			
B & A						AM only 4 days		1 x \$144.00			
						B & A					
Total:						Total:					
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											

An assessment **MAY** be required for this program. Please email kidssupergym.miss@gmail.com to book an assessment or call the office at 905-607-5437. 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).

**NO REFUNDS. CREDITS OR MAKE UP'S WILL BE OFFERED FOR CAMP OR WORKSHOP PROGRAMS.**

### 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:							
Junior Acro Tumbling Camp:				Reg fee:		\$ 37.00	(valid until June 30/19)
Days Booked:				Prog. Cost:		\$	
				Total Payment:		\$	
Participants Current Sport: Skill Level:				Participants Training Goals:			

# MEDICAL REGISTRATION FORM



DUE TO THE LIMITED SPACES OFFERED DURING THE CAMPS & WORKSHOPS 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? 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**

# 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 alltimes 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