



PRE SUMMER SESSION 2019

MEMBER OF THE ALTERNATIVE GYMNASTICS RECREATIONAL INSURANCE PLAN

NEW FOR 2019 7 week session for May & June

This program is perfect for children who want to try a gymnastics program without a long-term commitment.

Choose your class day: Monday: 4:30-5:30 or Saturday: 1:00-2:00

Artistic Gymnastics	1 hour Gymnastic classes (7 classes = \$210.00*)
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We take great pleasure and pride in providing your child with excellent coaching in an enjoyable, non competitive, skill based environment. Beginner or experienced, our most popular program is our one hour class for children 4 years old up. Grouped by age and ability the one-hour program is designed to introduce, establish and build fundamental gymnastic skills, which include strength conditioning, co-ordination, balance, flexibility and agility with each child challenged at their own level. Equipment use will include the trampoline, floor, balance beam, rings, high bar, parallel bars etc. The progressive nature of our program provides the children with exercises geared toward the development of new skills and the maintenance of acquired skills. Through persistence, repetition and patience your child will start to understand the foundations of gymnastics that can be applied to other sports. Through circuit training and stations your child will be actively participating in our system designed to help them advance to more complex skills while working at their own pace.

* INCLUDES REGISTRATION FEE (VALID UNTIL JUNE 30, 2020, CLASS FEES AND HST)

Dates	Mon. May 6, 13, 27, June 3, 10, 17, 24, 2019 (closed May 20)	Dates	Sat. May 4, 11, 25, June 1, 8, 15, 22, 2019 (closed May 18)
Name:	Day & Time:	Payment:	Name:
			Day & 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			

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

Participant:		Parent / Guardian Name:	
Address		City:	Postal Code:
Date of Birth M: D: Y:		Health Card #:	Phone:
			Cell #:
Medical Concerns:			
All classes will be co-ed. There will be a 8 to 1 ratio			

Dates	Mon. May 6, 13, 27, June 3, 10, 17, 24, 2019 (closed May 20)	Dates	Sat. May 4, 11, 25, June 1, 8, 15, 22, 2019 (closed May 18)
PROGRAMS:	Times:	4 – 6 years old	Times:
Monday:	4:30 – 5:30		4:30 – 5:30
Saturday:	1:00 – 2:00		1:00 – 2:00
Please indicate with an X which day and time you choose.			

Mon. or Sat.. Full Session

REG. FEE	1	INC.		PAID DATE AND METHOD
1 hr. class	7		\$210.00*	
				*Payment includes Registration Fee (valid until June 30, 2020) Class fees and HST
8HST INCLUDED				
		TOTAL:		

Mon. or Sat. Late Start:

REG. FEE	1	X \$47.00*		PAID DATE AND METHOD
1 hr. class		X \$25.00*		
				*Payment includes Registration Fee (valid until June 30, 2020), Prorated Class fees and HST
		Total:		

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? 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 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