

MEDICAL REGISTRATION FORM



PROGRAM _____ DATE _____

NAME _____ HOME # _____

ADDRESS _____ CELL # (Mom) _____

CITY _____ POSTAL CODE _____ CELL # (Dad) _____

BIRTH DATE _____ AGE _____ MALE / FEMALE H.I.N. # _____

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

Although every effort will be made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved in gymnastics and in the various disciplines, training and activities surrounding the sport. If you have any doubts as to your child's suitability for participating, please consult your doctor. _____ (please initial)

In accordance with our current policy and in order to ensure a safe environment for Participants, Parents and Guests, it is deemed necessary to immediately amend and update the rules and policies currently in place for Kids SuperGym-Mississauga (KSG-M). As KSG-M is governed by Gymnastics Ontario, we reserve the right to refuse the usage of any area of the facility for non-compliance.

As we (KSG-M) practice safety precautions, everyone is responsible to abide by all safety rules posted by KSG-M. Parents are encouraged to instruct their children to abide by the same rules and to adhere to the coaches' verbal instructions. Failure by any participating person, while on the premises of KSG-M, to abide by all safety rules and policies, posted or otherwise delivered, may result in loss of membership.

I consent to Kids SuperGym-Mississauga to take photographs, videotape or digital recording of me/my child/ward and to use these in any and all media, including the KSG-M website. _____ (please initial)

We, Kids SuperGym-Mississauga (KSG-M), will not share or divulge any personal or confidential information acquired from this form to any outside third party, not associated with KSG-M. Personal information will be shared with our coaches only on a need to know basis.

Release: I, undersigned, have read and understand the above policies of Kids SuperGym-Mississauga. I undersigned, hereby agree to indemnify and save harmless Kids SuperGym-Mississauga, their officers, instructors, coaches, employees, members and clubs from and against all claims, demands, cost, damages, actions, suits or proceedings, arising out of participation of myself / my child _____ in any activity.

Participants name

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