



## Cartwheels Gym Centre Inc. Registration Form

<b>PARTICIPANT INFORMATION</b>								
Last name:					First name:			
Date of birth:	Year	Month	Day	Age:	Male	Female		
Street address:								
Town/city:				Postal code:			Phone #	
Name of parent/guardian:					Cell#		Work#	
Other parent/guardian:					Cell#		Work#	
Email address for invoicing:								
Emergency contact (other than parent please):					Phone#			
Allergies/Health information:						Epi Pen: YES (circle if applies)		
Do we have permission to take & post pictures of your child on our website and/or social media?								
<b>PROGRAM INFORMATION ~ OFFICE USE ONLY PLEASE</b>								
Term	Program	Day	Time	Program fees	CIF*	Payment type	Date paid	Notes
Discount applied:								
Credit Card info (if sending via email):								
expiry:								
<b>**Consent of participation: waiver on reverse or attached must be completed &amp; signed by parent/guardian</b>								
<b>*Gymnastics Ontario NON-REFUNDABLE INSURANCE FEE – valid July 1-June 30, each season</b>								
<i>I have read and understand Cartwheels Gym Centre Inc.'s registration policies (website or office display)</i>								
Parent/guardian signature:						Date:		

**PARENT/GUARDIAN CONSENT OF PARTICIPATION AND WAIVER**

I acknowledge that there is potential risk for injury involved in training and competing in any sport. By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for Cartwheels Gym Centre Inc./Gymnastics Ontario's (G.O.) use in the delivery of a gymnastic program. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that Cartwheels Gym Centre Inc. has established rules for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of Cartwheels Gym Centre Inc. and/or Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the Federation.

Signature of Parent

X \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date (d/m/y): \_\_\_\_\_