



P.A. AERIALS GYMNASTICS CLUB

RECREATIONAL

2011 - 2012 REGISTRATION FORM

PLEASE DO NOT FOLD

PLEASE PRINT CLEARLY

**REGISTRATION WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS COMPLETED!

STUDENT INFORMATION

Please check one of the following that is most applicable to your Aboriginal ancestry**:

- Status/Treaty
 Non-Status
 Metis
 Inuit
 Not applicable

**Providing this information is voluntary and will be used for statistical purposes, only. It will not be used by the P.A. Gymnastics Club or Gym Sask. for any other prohibited preference as per The Sask Human Rights Code.

Date of Birth

STUDENTS LAST NAME

STUDENTS FIRST NAME

HOME PHONE #

YEAR

MONTH

DAY

STREET ADDRESS

CITY / TOWN

POSTAL CODE

Age by
Jan. 1 '12

M

F

FAMILY E-MAIL ADDRESS (for info & reminders and Children Fitness Tax Credit Receipts)

PARENTS or GUARDIANS

Send Tax Receipt in:

Both parents names

Mother's name only

Father's name only

MOTHERS NAME

CELL #

PLACE of EMPLOYMENT:

WORK PHONE #

FATHERS NAME

CELL #

PLACE of EMPLOYMENT:

WORK PHONE #

EMERGENCY

CONTACT PERSON:

(OTHER THAN PARENTS)

FULL NAME

PHONE #

RELATIONSHIP TO GYMANST

STUDENT MEDICAL INFORMATION

DOCTOR'S NAME: _____

HOSPITALIZATION #: _____

MEDICAL PROBLEMS: _____

ALLERGIES: _____

MEDICATION: _____

PROGRAM / TRAINING

- 14-wks to Dec
 Baby-Bee
 Beg. Can-Gym
 Girls Int Can-Gym
 Adv Can-Gym
 26-wks to Apr
 Tumble-Bug
 Rhythmic
 Boys Int Can-Gym
 Multi-Gym
 35-wks to Jun
 Tumble-Bear
 Beg Can-Jump
 Int Can-Jump

Must be Assessed for Placement

- Gym-Cat Beg
 Power-Cat
 Gym-Cat Adv
 Adv TT-B
 Cheer
 Adv TT-A

1st Choice

Day

Time

2nd Choice

Day

Time

ACKNOWLEDGEMENT OF RISK AND CONSENT TO PARTICIPATE

"I" the undersigned participant or guardian of participant listed above, do hereby acknowledge that I am aware of all activities normally required in & associated with participation in the Prince Albert Gymnastics Club. I acknowledge that there is a potential risk of injury involved training and participating in any sport. Rules have been established for participation & conduct in the gym centre, which MUST be followed. I do hereby consent to the participant fully participating and know of no condition that may affect the ability of the participant from safely participating. I waive and release and forever discharge any and all rights and claims for damage, which may have, or may hereafter accrue to me against the Prince Albert Gymnastics Club, the organizers, or their respective officers, agents, and representatives. I acknowledge that the Prince Albert Gymnastics Club reserves the right to require a Medical Certificate from any participant. I have read and am agreement with the Prince Albert Gymnastics Club policies as put forth in the policy & information package. The collection, use, and disclosure and security of your personal information are regulated by law. Gymnastics Saskatchewan and the Prince Albert Gymnastics Club collects and uses your personal information to provide you with the programs, services, products and information you require as a member of the club and Gym Sask. To enable Gym Sask. and the P.A. Gymnastics Club to manage and develop its operations from local to international levels, Gymnastics Saskatchewan may share your information with its members, Gymnastics Canada and also with third parties who act on our behalf as our agents, suppliers, or service providers. Submission of your registration form and fees to you club constitutes your consent to collect, use, disclose and retain your personal information as is reasonable for Gymnastics Saskatchewan and the P.A. Gymnastics Club purposes. Photos of participants doing gymnastics activities may be published on boards, in newsletters, on our website, or any promotional material.

X

SIGNATURE OF PARENT OR GUARDIAN: _____

DATED: _____