



Registration Form 2010-11

Participant's Information

Full Name: _____ M / F
Last First Sex

Address: _____
Street Address Apartment/Unit #

City Prov. Postal Code

Home Phone: () Alternate Phone: ()

E-mail Address: _____

Name of Parent / Guardian: _____

Birth Date: yyyy/mm/dd Medical Card : Must supply Prov Med # or Company med insurance

Medical notes: _____

Doctor's Name: _____ Doctor's Phone: ()

Class Registration

GBC Role: Athlete Coach LF Judge Member GBC Classification: _____ GBC fee \$ _____
COMP WAG MAG GFA AS AG TG INTER ACRIX CHEER
Early Bird -10%
Last Call +10%

Program/Class Name	Day/Time	Fee	Price Adjust
		Full year or full session (f,w,s)	
		Comp Session Install x 3	
		Comp Monthly Install x 10	
Camp			

Membership Fee Casual: \$10 Annual: GFA \$30 PRECOMP \$50 COMP DEV \$100 COMP \$130

COMP Sessions- June 15, Dec 15, Mar 15 COMP Monthly 10times June-Mar 15

Total

Payment Information

Office Code: Cash CA Cheque CH Visa CCV MasterCard CCMC

Make Cheques payable to Whistler Gymnastics.

Credit Card # Exp. Date Authorization Signature

Permission

Consent for Use of Likeness and Information I grant to Gymnastics BC and the club with which I am registered the right to use, without payment of any fee or charge, any photograph, video tape or other visual media of myself for the purpose of furthering Gymnastics BC objectives including but not limited to use for media, inclusion in Gymnastics BC and/or the club's publications and website(s), advertising. The collection, use, disclosure and security of your personal information are all regulated by law in British Columbia. Gymnastics BC (GBC) and Whistler Gymnastic collects and uses your personal information to provide you with the programs, services, products and information you require as a member of GBC. To enable GBC to manage and develop its operations from local to international levels, GBC may share your personal information with its members and Gymnastics Canada Gymnastique, and also with selected third parties who are acting on our behalf as our agents, suppliers or service providers. From time to time, GBC may contact you directly or on behalf of corporate sponsors whose products, services or information maybe of interest to you.

GBC Privacy Policy is available at www.gymnastics.bc.ca Submission of this registration to GBC constitutes your consent to collect, use, disclose and retain your personal information as is reasonable for GBC's stated purposes. **Gymnastics BC: 604-333-3496**

Permission Form (Parent/Guardian, please read back & sign)

I hereby authorize my child's participation in this program. I know of no medical or physical problems which may affect my child's ability to participate safely in this program. I am aware that gymnastics and trampoline activities, by their nature, involve certain elements of risk which involve a potential for bodily injury. A portion of the registration fee paid to Gymnastics BC is allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit my child to participate.

I HAVE READ THE MINOR RELEASE STATEMENT / ADULT WAIVER AND GYM RULES AND AGREE WITH THE TERMS.

Signature of Adult or Parent/Guardian _____ Date _____

Club Representative: _____

Contact us

604-902-FLIP (3547)

info@whistlerymnastics.com

www.whistlerymnastics.com



RE: Use of Premises and Equipment of Whistler Gymnastics.

TO: Whistler Gymnastics Club and its directors, officers, employees, representatives, officials, landlord and agents.

ASSUMPTION AND ACKNOWLEDGMENT OF RISKS FOR MINORS

I have read the guidelines and rules issued for the use of Whistler Gymnastic premises and equipment, which I understand, and I agree to be bound by them. I further agree to acknowledge that:

1. The rules and guidelines governing the use of the premises and equipment are solely for that purpose, that is, for the use of gymnastics activities, and it remains my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participating in gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use,

ADULT RELEASE AND INDEMNITY FORM

I have read the guidelines and rules issued for the use of Whistler Gymnastics premises and equipment, which I understand, and I agree to be bound by them. In consideration of your acceptance of my being permitted to use the premises and equipment and/or any activity associated therewith, I agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Whistler Gymnastics and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property wheresoever and howsoever caused, arising out of, or in connection with my use of the premises and equipment notwithstanding that the same may have been contributed to or occasioned by any act or failure to act, including, without limitation, negligence, of Whistler Gymnastics and or anyone or more of its agents. I further agree and acknowledge that:

1. The rules and guidelines governing the use of the premises and equipment are solely for that purpose and it remains my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participating in gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use.

I further agree to HOLD HARMLESS AND INDEMNIFY Whistler Gymnastics and its agents from any and all actions, claims, demands, losses, judgements or costs of any nature to any third party resulting from my use of the premises and equipment herein and I agree not to make any claims or take any proceedings against any other person, society, corporation or other legal entity who might claim contribution or indemnity from Whistler Gymnastics and/or its agents in respect of matters which are the subject of this Release.

I agree that this Release shall bind my heirs, executors, administrators and assigns. I confirm that I am the full age of eighteen years and I have read this Release and understand it

1. **THINK "SAFETY FIRST" IN GYMNASTICS**
2. **COACHING SUPERVISION IS ALWAYS REQUIRED IN THE GYM**
3. **MAKE SURE YOU GET COACH'S PERMISSION TO:**
ENTER GYM
GO ON EQUIPMENT
TRY NEW SKILLS
PERFORM AERIAL INVERSIONS OR FLIPS
LEAVE THE GYM
4. **UNDERSTAND THE RISK OF THE ACTIVITY**
5. **BE PREPARED TO PARTICIPATE BY:**
BEING HEALTHY AND NOT TIRED
WEARING PROPER CLOTHING AND FOOTWEAR
HAVING LONG HAIR TIED BACK
ALWAYS WARMING UP
6. **STOP UNSAFE CARELESS ACTS WHICH COULD CAUSE INJURY BY:**
LISTENING
FOLLOWING INSTRUCTIONS
CONTROLLING YOUR ACTIONS
7. **PARTICIPATE COOPERATIVELY WITHIN THE LIMITS SET BY THE COACH**
8. **DOUBLE CHECK EQUIPMENT**
9. **MASTER BASIC SKILLS BEFORE ATTEMPTING MORE ADVANCED**
10. **KEEP YOUR BODY UNDER CONTROL**
11. **FOLLOW EQUIPMENT AND FACILITY SAFETY PROCEDURES**
BE ALERT AND SAFETY CONSCIOUS
WATCH WHERE YOU ARE GOING
WALK DON'T RUN
WATCH FOR OBSTACLES OR UNEVEN SURFACES
12. **RESPECT OTHERS' PERFORMANCES - NO DISTRACTION**



