



Summer Camp 2022 Registration Form

Participant Information

First & Last Name _____	Male __	Female __	
Age _____	Birth Date: month _____	day _____	year _____
Address _____	City _____	Postal Code _____	
Home Phone # _____	Allergies _____	Medications _____	
Has the participant being enrolled in gymnastics before? _____			
If Yes, Where? _____ What Level? _____			

Parent/ Guardian Information

First Name _____	Relationship _____
Emergency/Cell Phone # _____	/ _____
E-mail Address _____	

Enrolment

Week #1 (July 25-29) _____	Half Day 9-12 _____	Full Day 9-4 _____	Before/After Care _____
Week #2 (August 8-12) _____	Half Day 9-12 _____	Full Day 9-4 _____	Before/After Care _____
Week #3 (August 22-26) _____	Half Day 9-12 _____	Full Day 9-4 _____	Before/After Care _____

Registration/Membership Fee

\$20.00 Gymnastics Ontario Camper Fee is required with your registration for 3 or more days of enrolment!

Please let us know if you paid the G.O. insurance fee somewhere else this applicable year: ____ Where? _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

By signing this document you will waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY **AWARENESS AND ASSUMPTION OF RISK** I am aware that participation in gymnastics like in any sport involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of (Gold Medal Gymnastics Inc.), its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Gold Medal Gymnastics Inc. AND OTHERS"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT In consideration of (Gold Medal Gymnastics Inc.) accepting my application to participate in this activity, I agree to waive any and all claims that I may have in future against (Gold Medal Gymnastics Inc.) AND OTHERS I agree to release the (Gold Medal Gymnastics Inc.) AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care. I agree to hold harmless and indemnify (Gold Medal Gymnastics Inc.) AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity and agree that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns. **I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST (Gold Medal Gymnastics Inc.) AND OTHERS.**

Signed this _____ day of _____ 20____

Witness

Signature of Applicant

Please Print Name Clearly

Please Print Name Clearly