

### Summer Camp 2024 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 _____	

#### Program to Register

Week #1 _____	July 15-19, 2024 _____	Half Day (9-12) _____	Full Day (9-4) _____
Week #2 _____	Jul 29-Aug 2, 2024 _____	Half Day (9-12) _____	Full Day (9-4) _____
Week #3 _____	August 12-16, 2024 _____	Half Day (9-12) _____	Full Day (9-4) _____
Week #4 _____	August 26-30, 2024 _____	Half Day (9-12) _____	Full Day (9-4) _____

#### Fees

- Full days: \$300.00/week or \$60.00/day (plus tax)
- Half days: \$200.00/week or \$40.00/day (plus tax)
- Before/After Care: \$5.00/half hour

**Registration/Membership Fee**

\$40.00 (plus tax) non-refundable annual fee for membership and Gymnastics Ontario insurance is required with your registration. This will cover the period from July 1st 2024 to June 30th 2025.  
Please let us know if you paid the G.O. insurance fee somewhere else this year: \_\_\_\_\_ Where? \_\_\_\_\_

**Method of Payment**

- Cheque (payable to Gold Medal Gymnastics Inc.) \_\_\_\_\_
- E-transfer to : nistorgym@yahoo.com
- Cash \_\_\_\_\_

**Refunds**

- Available only up to 2 weeks prior to the start of your selected day(s). \$20.00 service charge applies to all refunds.

**Gym Policies**

- Do not enter the gym without coach supervision
- Food and drinks are not allowed in the gym (water only);
- Street shoes must be removed and left in the front lobby;
- We operate a "peanut/nut free environment".

**Waiver & Release of Liability**

There is a potential risk for injury involved in training or participation in gymnastics like in any sport. This is to be read & signed by the parent/legal guardian of all participants under the age of eighteen. Your child may not commence gymnastics lessons until this document is signed.

In part consideration of the Gold Medal Gymnastics Inc, (the Club) permitting my child to take part in the lessons and other activities of the Club, I hereby release the Club and its employees, agents and volunteers from any and all damages sustained in consequence of loss, injury or damage to any person or property and from any or all actions, causes of action, claims and demands of any nature arising directly or indirectly from my child's participation in gymnastics.

From time to time pictures of participants are taken to be used for progress reports and publicity purposes.

The undersigned acknowledges, understands and agrees to this waiver and release of liability in favor of the Gold Medal Gymnastics Inc., Its employees, agents and volunteers.

Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_