



GCGC Gymnastics

5510 Canotek Road, Units 8 & 9
Ottawa, Ontario K1J 9J5

Registration Form 2017-2018

Phone: 613-747-4242

Fax: 613-747-6718

Email: info@gcgc.ca

Web: www.gcgc.ca

Session: _____ Class: _____ Day: _____ Time: _____

Date Registered (mm/dd/yyyy): _____

GYMNAST

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Age Today: _____ Male/Female: _____

Address: _____

Please check box(es) beside name of the parent(s) we should contact with communication notices

PARENT 1 / Guardian

Last Name: _____ First Name: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

Address (if different from above): _____

Email address: _____

PARENT 2 / Guardian

Last Name: _____ First Name: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

Address (if different from above): _____

Email address: _____

MEDICAL CONDITION: _____

EMERGENCY CONTACT: _____ PHONE: _____

NO REFUNDS AFTER COMMENCEMENT OF SESSION

How did you find out about our programs?

Attended prior GCGC session Word of mouth Website / Facebook School Flyer

Signage / Posters Other: _____

OFFICE USE ONLY

Recreational / Competitive

Cash Cheque

Cheque 1 Cheque 2 Cheque 3

Class Fee: _____

GO/GCGC Fee: _____

Total Fee: _____

Balance Owing: _____ Balance Paid (Date): _____ PAID-IN-FULL (initial): _____

Received By: _____ Date Received: _____ Receipt #: _____

RELEASE OF LIABILITY

***By signing this document you will waive certain legal rights, including the right to sue.
PLEASE READ CAREFULLY.**

PHOTOGRAPHY FOR PROMOTIONAL PURPOSES

I understand that photos may be taken of my child as part of normal participation in the sport of gymnastics and used by the club for promotional purposes online and in the club; however some photos may be selected by GCGC Gymnastics for use in targeted marketing campaigns including posters, online banner images and printed advertisements.

I do _____ / do not _____ give permission for my child's photo to be selected to appear in such promotional material for GCGC gymnastics.

AWARENESS AND ASSUMPTION OF RISK

I am aware that the sport of gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expenses and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of GCGC Gymnastics accepting my application to participate in this activity, I agree to waive any and all claims that I may have in the future against GCGC Gymnastics AND OTHERS:

1. To release GCGC Gymnastics AND OTHERS from any and all liability for any personal injury, death, property damage, expenses 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.
2. To hold harmless and indemnify GCGC Gymnastics 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.
3. 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 GCGC GYMNASTICS AND OTHERS.

Signed this _____ day of _____, 201____.

Signature of Applicant (or Guardian)

Signature of Witness

Please print name clearly

Please print name clearly

THIS WAIVER IS VALID UNTIL JUNE 30, 2018.