

WINNIPEG GYMNASTICS CENTRE

ADULT CLASSES 2017-2018

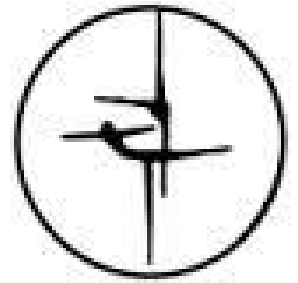
102-171 Samborski Drive

Winnipeg, MB R4G 0B3

Phone: (204) 475-9872 Fax: (204) 453-4866

info@winnipeggymnasticscentre.com

www.winnipeggymnasticscentre.com



CLASS INFORMATION

- | | | |
|---|--------------|----------------------|
| <input type="checkbox"/> Class: Adult Gym (18+) | Day: Tuesday | Time: 9:00pm-11:00pm |
| <input type="checkbox"/> Class: Pilates | Day: Sunday | Time: 10:15-11:15am |
| <input type="checkbox"/> Class: Yoga | Day: Friday | Time: 6:15-7:15pm |

PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

First Name _____

Home/Cell Phone # _____

Last Name _____

Emergency Contact phone # _____

Address _____

Email _____

City _____

Birthdate (mm) ____ (dd) ____ (yyyy) _____

Postal Code _____

Gender Male Female

CONSENT TO MEDICAL TREATMENT

I, the undersigned, do hereby acknowledge that I will be participating in activities associated with the Winnipeg Gymnastics Centre Program. I acknowledge all risks and hazards incidental to such preparation, including transportation to and from activities. I give permission to any physician/dentist/emergency medical personnel to render emergency medical, surgical, or dental treatment for the aforementioned participant, as such provider may deem necessary, subject to the following restrictions:

CONSENT TO COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

I, the undersigned, understand that by completing this form, I am agreeing that Winnipeg Gymnastics Centre may collect and utilize personal information about my child, myself, or other members of my family (including the medical numbers) for the purposes of registering and participating in the disclosed program. I also understand that this personal information will only be disclosed to the appropriate sport association(s) or sport umbrella group, coach(es), and manager(s) as is reasonably required in order to conduct the program. I agree that the disclosed medical numbers may be used for the purpose of care as outlined in the above statement. I hereby consent to such collection, use and disclosure of this personal information.

I, and my heirs, in consideration of my participation in the sport of gymnastics at Winnipeg Gymnastics Centre hereby release the Winnipeg Gymnastics Centre, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate.

I have read and agree with WGC's Policy Handbook.

Signature: _____

Date: _____

TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE:

Amount Owed: \$ _____ Date: _____

MC Visa Cheque Cash Debit

iClass \$25 MGA