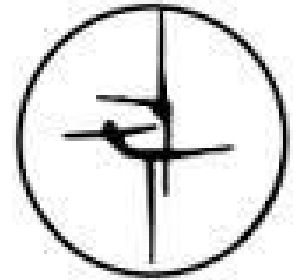


WINNIPEG GYMNASTICS CENTRE

ADULT CLASSES 2017-2018

102-171 Samborski Drive
Winnipeg, MB R4G 0B3
Phone: (204) 475-9872 Fax: (204) 453-4866
info@winnipeggymansticscentre.com
www.winnipeggymansticscentre.com



CLASS INFORMATION

- | | | |
|---|-----------------------|-----------------------------------|
| <input type="checkbox"/> Class: Adult Gym (18+) | Day: Tuesday/Saturday | Time: 9:00pm-11:00pm/8:30-10:30pm |
| <input type="checkbox"/> Class: Pilates | Day: Sunday | Time: 10:15-11:15am |

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 <input type="checkbox"/> Female <input type="checkbox"/>

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 muscled 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: _____

- | | | | | | | |
|-----------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> MC | <input type="checkbox"/> Visa | <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash | <input type="checkbox"/> Debit | <input type="checkbox"/> iClass | <input type="checkbox"/> \$25 MGA |
|-----------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------|---------------------------------|-----------------------------------|