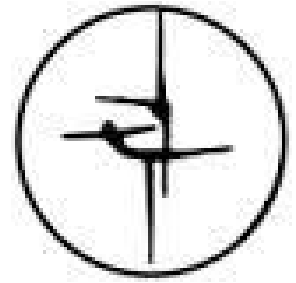


WINNIPEG GYMNASTICS CENTRE RECREATIONAL REGISTRATION 2017-2018



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

CLASS INFORMATION (PLEASE PRINT CLEARLY)

- Preschool Beginner Recreational
 Girls Recreational Boys Recreational
 Acrobatic Gymnastics

TERM:

- Fall Winter Spring Full Year

Day _____ Time _____
Day _____ Time _____

PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

First Name _____
Last Name _____
Address _____
City _____
Postal Code _____
Home Phone # _____
Birthdate (mm) ____ (dd) ____ (yyyy) ____
Gender Male Female

Mother's Name _____
Mother's E-Mail _____
Mother's Cell # _____
Mother's Work # _____
Father's Name _____
Father's E-Mail _____
Father's Cell # _____
Father's Work # _____
Emergency Contact _____

MEDICAL INFORMATION (PLEASE PRINT CLEARLY)

MHSC# (6 digit) _____
PHIN # (9 digit) _____
Family Physician _____
Physician Phone # _____

Applicable Medical Conditions _____

*No refunds after third class. \$20 Admin fee applied to all pro-rated refunds. \$25 MGA insurance fee (included in registration fees) is non-refundable.

TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE

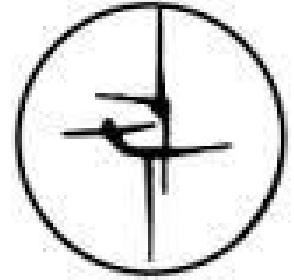
Amount \$ _____ Date _____
 MC Visa Cheque Cash Debit
Amount \$ _____ Date _____
 MC Visa Cheque Cash Debit
Amount \$ _____ Date _____
 MC Visa Cheque Cash Debit

of PD Cheques _____ Amount per Cheque \$ _____
Credit Card #: _____
Expiry Date: ____/____

 iClass \$25 MGA Class List



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CONSENT TO MEDICAL TREATMENT

I, the undersigned, being the parent/guardian of aforementioned participant, do hereby consent for him/her to travel and participate 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 agree that my child's name and picture may be displayed in the Centre and/or printed in written publications, or on the Centre's website, Twitter, Instagram, and Facebook page.

Check this box if you wish NOT to have your child's name and picture published

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 (www.winnipeggymansticscentre.com)

Parent/Guardian Signature: _____ **Print Name:** _____

Date: _____