



# WINNIPEG GYMNASTICS CENTRE RECREATIONAL REGISTRATION 2018-2019



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

## CLASS INFORMATION (PLEASE PRINT CLEARLY)

### Term Classes:

- Preschool Day \_\_\_\_\_ Time \_\_\_\_\_
- Beginner Recreational Day \_\_\_\_\_ Time \_\_\_\_\_
- Acrobatic Gymnastics  Fall (Sept-Dec)  Winter (Jan-Mar)  Spring (Apr-Jun)

### Full Year Classes (Sept.-Jun.):

- Girls Recreational Day \_\_\_\_\_ Time \_\_\_\_\_
- Advanced Girls Recreational Day \_\_\_\_\_ Time \_\_\_\_\_
- Boys Recreational Day \_\_\_\_\_ Time \_\_\_\_\_

## PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Birthdate (dd) \_\_\_\_ (mm) \_\_\_\_ (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 \_\_\_\_\_  
Emergency Contact # \_\_\_\_\_

## MEDICAL INFORMATION (PLEASE PRINT CLEARLY)

MHSC# (6 digit) \_\_\_\_\_  
PHIN # (9 digit) \_\_\_\_\_  
Family Physician \_\_\_\_\_  
Physician Phone # \_\_\_\_\_

Applicable Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*No refunds after the third class. Pro-rated refunds given with a Dr's note only, upon withdrawal from the program. A \$20 Admin fee will apply. The \$25 MGA insurance fee is non-refundable (included in registration fees).

\*\*Missed classes due to injury, vacation, or sickness cannot be made up or refunded.

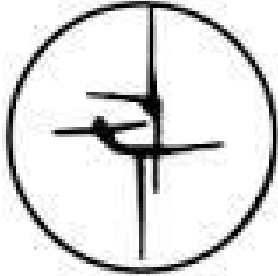
## TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE

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

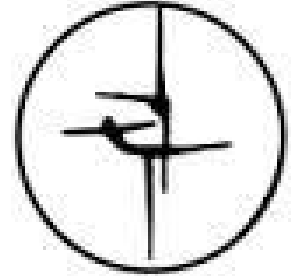
Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
 MC  Visa  Cheque  Cash  Debit

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:

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## **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 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 ([www.winnipeggymnasticscentre.com](http://www.winnipeggymnasticscentre.com))

**Parent/Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_