



WINNIPEG GYMNASTICS CENTRE

RECREATIONAL REGISTRATION 2019-2020



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)

Term Classes:

- Preschool Day _____
 Time _____
- Beginner Recreational
- Tumbling & Trampoline 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

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 _____

-Term Classes (Fall/Winter/Spring) – No refund after second class. Yearly Classes (Sept-Jun) - 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 \$45 MGA insurance fee is non-refundable.

-Missed classes due to injury, vacation, or sickness cannot be made up or refunded. Classes will not be pro-rated due to statutory holidays and exclusion dates (see back for exclusion dates).

-There will be a \$25 service fee added to all NSF returned cheques.

TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE

Amount \$ _____ Date _____
 MC Visa Cheque Cash Debit

Amount \$ _____ Date _____
 MC Visa Cheque Cash Debit

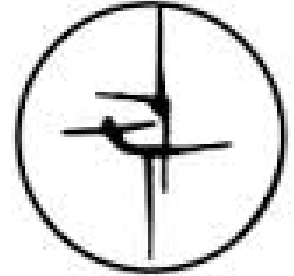
Amount \$ _____ Date _____
 MC Visa Cheque Cash Debit

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

i-Class \$45 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 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.winnipeggymansticscentre.com)

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

Date: _____

Exclusion Dates:

- Oct. 14th, 2019 – Thanksgiving
- Oct. 31st, 2019 – Halloween
- Nov. 11th, 2019 – Remembrance Day
- Dec. 13th-15th, 2019 – WGC Host Competition
- Dec. 23rd – Jan. 5th, 2020 – Christmas Break
- Feb. 17th, 2020 – Louis Riel Day
- Mar 30th – Apr. 5th, 2020 – Spring Break
- Apr. 10th, 2020 – Good Friday
- Apr. 12th, 2020 – Easter Sunday
- May 18th, 2020 – Victoria Day
- Jun. 6th, 2020 – Recreational Showcase