



HURONS GYMNASTIC CLUB INC.

P.O. Box 584, 427A William Street, Midland, ON L4R 4L3
gm@hurongym.ca 705 527 1517

GYMNASTICS ONTARIO # _____

CAMP	PROG
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ATHLETE: First Name _____		Last Name _____	
Address:		Date of Birth: (yyyy / mm / dd)	Age:
City		Postal Code	Male <input type="checkbox"/> Female <input type="checkbox"/>
EMAIL:			
Health or other concerns:			
Do you authorize Hurons Gymnastic Club Inc. to use your child's picture for promotional purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parents / guardians:		Phone:	
		Phone:	
Parents / guardians:		Phone:	
		Phone:	
Emergency or Alternate Contact Name		Phone:	

The HURONS GYMNASTIC CLUB reserves the right to cancel, combine or change classes due to insufficient enrollment. The Hurons also reserves the right to remove a child from a program if the child's behavior is a risk to their own or another person's safety and enjoyment. A refund will be given.

IF UNDER 18, WAIVER MUST BE SIGNED BY CHILD'S PARENT OR LEGAL GUARDIAN.

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Hurons Gymnastic Club Inc., its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Hurons Gymnastic Club Inc AND OTHERS"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Hurons Gymnastic Club Inc accepting my application to participate in this activity, I agree:

To waive any and all claims that I may have in future against Hurons Gymnastic Club Inc AND OTHERS.

To release the Hurons Gymnastic Club Inc AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.

To hold harmless and indemnify Hurons Gymnastic Club Inc AND OTHERS from any and all liability for damage to property of, or personal injury to, any third party, resulting from my participation in this activity.

That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST HURONS GYMNASTIC CLUB INC. AND OTHERS.

Signature of Parent / Legal Guardian

Date:

Please Print Name Clearly

ATHLETE REGISTRATION / WAIVER FORM JULY 1, 2019 to JUNE 30, 2020

HURONS GYMNAS TIC CLUB IS A PEANUT / NUT FREE ENVIRONMENT.

OFFICE:	SMR 2019	FALL 2019	WTR 2020	SPR 2020	OpenGym
Program:					
Day:					
Time:					
Price:					
GO Fee:					
TOTAL:					
Rec #					

NO CAMP AUG 05 to AUG 09

CAMP WK:	1 Jul 8 – Jul 12	2 Jul 15-Jul 19	3 Jul 22-Jul 26	4 Jul 29-Aug 02	5 Aug 12-Aug 16	6 Aug 19-Aug 23	7 Aug 26-Aug 30
DAY:							
FULL WK:							
PRE / POST:							
PRICE:							
GO FEE:							
TOTAL:							
REC#:							

\$35.00 (NON-REFUNDABLE) Gymnastics Ontario Membership/Insurance Fee (July 1, 2019 - June 30, 2020) is additional.

NOTES:
