

CLUB USE ONLY

Amount Due: \$ _____
 Paid: _____ Initial _____
 Dates of Duties:
 1. _____
 2. _____

DAY: TUES WED	CLASS:	LAST BADGE RECEIVED:
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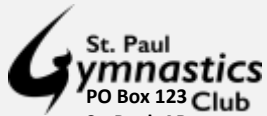
REGISTRATION FORM

First & Last Name of Participant	Date of Birth (mm/dd/year)	Age	Gender (circle) M or F
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	AB	<input type="text"/>

Parent/Guardian 1 <input type="checkbox"/> Primary Contact First Name Last Name <input type="text"/> <input type="text"/> Home Cell <input type="text"/> () <input type="text"/> () Work <input type="text"/> ()	Parent/Guardian 2 <input type="checkbox"/> Primary Contact First Name Last Name <input type="text"/> <input type="text"/> Home Cell <input type="text"/> () <input type="text"/> () Work <input type="text"/> ()
E-mail Address for Primary Contact <input type="text"/>	

- I am aware that the St. Paul Gymnastics Club uses e-mail as the main method of communication with parents. In the event of a class cancellation or other urgent information, both e-mail & text message may be used, as well as both parents/guardians contacted.
- I understand that, in the event that I am not able to fulfill one or more of my operational duties (set-up, take-down or other), I am responsible to find my own replacement.
- I give consent for my name and contact, as provided on the registration sign-up sheets, to be distributed to other members and/or posted at the gym as part of the St. Paul Gymnastics Club's setup & take down schedule.
- I give consent for my name, as part of the club's duty schedules, be posted on the St. Paul Gymnastics Club website.
- I allow the St. Paul Gymnastics Club to use pictures of my child for their promotional purposes, unless I specifically indicate otherwise in writing to the St. Paul Gymnastics Club. Yes No

Parent/Guardian Signature: _____ Date: _____



St. Paul
PO Box 123 Club
St. Paul, AB
T0A 3A0
stpaulgymnastics@hotmail.com

MEDICAL INFORMATION FORM

Name of Participant: _____

Accompanying Adult (Parent & Tot classes only): _____

EMERGENCY CONTACT

Name (other than Parent): _____

Relationship to Child: _____

Phone Number: _(_____)_____ Alternate Number: _(_____)_____

MEDICAL HISTORY

Allergies: _____

Ongoing medical problems (that we should know about): _____

Current medications or supplements (that we should know about): _____

Past operations (that we should know about): _____

Other relevant information that we should know about your child: _____

* I confirm that I, or my child, am/is fit to participate in gymnastics and I am unaware of any physical or mental condition or impediment, which would prevent or hinder myself or my child from participating safely in the programs at the ST. PAUL GYMNASTICS CLUB.

* I confirm that I have accurately reported and disclosed any medical information (physical and mental) to the ST. PAUL GYMNASTICS CLUB, which is necessary for the proper gymnastics involvement and care of the above-mentioned child/person.

* I hereby authorize basic first aid to be delivered to myself or my child by the ST. PAUL GYMNASTICS CLUB or other authorities. By administering basic first aid when required or requested, the ST. PAUL GYMNASTICS CLUB in no way warrants or assumes any liability in relation to the administration of such basic first aid.

* I understand and agree that, in the case of an emergency the ST. PAUL GYMNASTICS CLUB assumes no responsibility or obligations relative to any cost or expense related to carrying out any emergency procedures and/or emergency transportation for myself or my child.

* I understand and agree that a portion of the registration fee paid to the ST. PAUL GYMNASTICS CLUB is paid to the Alberta Gymnastics Federation (A.G.F.) and is allocated to the annual A.G.F. General Liability Insurance Policy should an injury/accident occur, while a participant at the ST. PAUL GYMNASTICS CLUB. This cost is compulsory cannot be waived.

Signed: _____ Date: _____

Please indicate if there are any medical procedures that you do not authorize to be performed on yourself or your child?
