

Selkirk Selects Gymnastics Club Inc.

www.selkirselects.ca

Box 23 Group 202 RR #2, Selkirk, MB R1A 2A7

204-482-6422

e-mail: selkirselects@hotmail.com

Gymnast Name: Last: _____ First: _____

Date of Birth: Day _____ Month _____ Year _____ Age: _____ Male or Female

Parent/Guardian Name (s): _____

Mailing Address: _____ Town/City: _____ Postal Code: _____

Home No.: _____ Cell or Emergency Contact No.: _____

Parent Email: _____

Medical conditions which may impact participation: _____

Session:

- Fall and Winter
- Fall Only
- Winter Only

Recreational:

- Parent & Tot (Boys & Girls)
- KinderGym (Boys & Girls)
- Recreational Girls 1
- Recreational Girls 2
- Pre-Competitive Girls
- Recreational Boys

Competitive:

- Beginner Girls
- Intermediate Girls
- Advanced and Advanced Optional
- Boys – Regional Competitive
- Boys – Provincial Competitive

Class Start Date and Time: _____

If **NEW**, How did you hear about us? _____

NSF Cheque and Refund Policy:

- There will be a \$20 service charge for any NSF cheques.
- Full refund if cancellation on or before 2nd day of classes. Refunds pro-rated if medical certificate is provided.
- Manitoba Gymnastic Association Fees and Fundraising fees are non-refundable.

- I intend to fulfill my volunteer commitment.
- I do not intend to fulfill my volunteer commitment and as such do not want to be called to volunteer.

Parent Signature: _____

* Please SIGN the CONSENT FORM (back page)

For Registrar use:

	Description of fee paid below:
Cheque # _____ or <u>Cash</u> Amount _____	_____
Cheque # _____ or <u>Cash</u> Amount _____	<u>Volunteer Fee</u> _____
Cheque # _____ or <u>Cash</u> Amount _____	_____
Cash Calendar #s Fall: _____ Winter: _____	

CONSENT OF PARENT OR GUARDIAN AND RELEASE OF LIABILITY

I am the parent or legal guardian of _____ (name of child).

I acknowledge that the Selkirk Selects Gymnastics Club Inc. is operating out of the Selkirk Selects Gymnastics Club, 965 Main Street in the City of Selkirk, Province of Manitoba, for the purpose of the gymnastics activities.

I agree to my child participating in the gymnastics activities being carried out under the supervision of the Selkirk Selects Gymnastics Club Inc. in the aforementioned facility.

I am fully aware that the sport of gymnastics carries with it a risk of injury.

I understand and confirm that the Selkirk Selects Gymnastics Club Inc. shall have no responsibility or liability should any loss or injury be suffered by my son or daughter while participating in such gymnastics activities, to be carried out under the supervision of the Selkirk Selects Gymnastics Club Inc.

In return for the Selkirk Selects Gymnastics Club Inc. permitting the use of the facility during the season specified on the reverse, which license also includes permitting members of the Selkirk Selects Gymnastics Club Inc, (of which my son or daughter is a member) to use the facility, I HEREBY FOREVER RELEASE AND DISCHARGE the Selkirk Selects Gymnastics Club Inc., including their respective board members, officers, employees, agents and successors from and against all manner of claims, demands, actions, suits, legal proceedings or damages which I or my child, or both, may have for any loss or injury which may arise out of which is in any way related to my child's participating in the gymnastics activities referred above.

Date

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

MEDIA WAIVER (Optional)

Selkirk Selects Gymnastics has my permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story on their web pages and other promotional materials produced, used by and representing Selkirk Selects Gymnastics Club Inc. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Date

Parent's Signature (if under 18)

Child(ren's) Name(s)