

LAST NAME of participant		FIRST NAME		BIRTHDATE			Current Age	20-21 OFFICE USE	
				<i>Month</i>	<i>Day</i>	<i>Year</i>	VISITOR OR FREE PASS DATE		
HOME PHONE NUMBER		PARENT or GUARDIAN'S NAME (#1)		CELL		WORK PHONE			
Siblings who are current Gymtrix members		PARENT or GUARDIAN'S NAME (#2)		CELL		WORK PHONE			
street number street city postal code							EMAIL ADDRESS		
							Check BOX if you would like registration and discount reminders via email? <input type="checkbox"/>		
ADDITIONAL EMERGENCY CONTACT (if we cannot reach a parent/guardian)					*USE OF PHOTOS INCLUDING YOUR CHILD				
name		relationship to participant		phone number		I agree that photos that include my child may be used by Gymtrix for the purpose of internal or external publicity/media purposes including the Gymtrix website and Social Media.			YES _____
									NO _____
Does the participant have any conditions that for safety reasons should be disclosed? YES ___ NO ___									
IF YES, PLEASE LET US KNOW SO THAT WE CAN ENSURE THAT THE PARTICIPANT HAS THE BEST EXPERIENCE POSSIBLE AT GYMTRIX!									
<i>This section for office use</i>									
Please see reverse for GYMNASTICS ONTARIO and Gymtrix Gymnastics and Trampoline Centre INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT									
Participant or Parent/Guardian (if participant is under 18 years) <i>Print Name</i> _____									
<i>Signature</i> _____ <i>Date</i> _____									