

LAST NAME of participant	FIRST NAME of participant	Male__	BIRTHDATE			Current Age	18-19 OFFICE USE
		Female__	Month	Day	Year		
HOME PHONE NUMBER		PARENT or GUARDIAN'S NAME (#1)	CELL	WORK PHONE		VISITOR OR FREE PASS DATE	
Siblings who are current Gymtrix members		PARENT or GUARDIAN'S NAME (#2)	CELL	WORK PHONE		GO PD DATE	
						GO REG DATE	

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 ____					

PLEASE HELP US PROVIDE THE SAFEST POSSIBLE PROGRAM FOR THE NAMED PARTICIPANT

MEDICAL & ALLERGIES SECTION

Please describe and **MEDICAL** (including **ALLERGIES, RECENT ILLNESS, SURGERIES** etc), **SOCIAL, MENTAL** or **PHYSICAL CONDITIONS** or any other pertinent information that for safety reasons should be disclosed.

ASSUMPTION AND ACKNOWLEDGMENT OF RISKS FOR MINORS

I acknowledge that there is potential risk for injury involved in training and competing in any sport. By signing and accepting the contents of this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for Gymtrix' use in the delivery of a gymnastics program. I understand that Gymtrix Gymnastics/Gymnastics Ontario has tried to create a safe and controlled environment for participation and that Gymtrix Gymnastics has established rules for participation on and about the gymnastics area that must be followed by the participant. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with Gymtrix Gymnastics & Athletics Centre Inc. and/or Gymnastics Ontario.

I DECLARE: 1) that I have accurately disclosed all information Gymtrix has listed in the Medical Section of this Form and will ensure that Gymtrix is kept informed of any new conditions that may affect the safety of the participant. I hereby give my permission for emergency medical treatment to be administered to my child/self, as may be determined by reasonable discretion of his/her/my coach/manager.

Participant or Parent/Guardian (if participant is under 18 years) **Print Name** _____

Signature _____ **Date** _____