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www.olympiagymnastics.ca

Registration Form

Child's First / Last Name _____ D.O.B _____

Parents Name _____

Address _____ Postal Code _____

Email _____ Telephone _____

Allergies _____ Medication _____

Any medical problems that require our assistance _____

Program _____ Day/Time _____

How did you hear about us? Flyers _____ Local paper _____ Another person _____

Other (please specify) _____ Paid with _____

Please make cheque payable to Olympia Gymnastics.

REFUND POLICY

All membership fees are non-refundable. The only exception to this is in the event the athlete has a medical condition which prevents him/her from participating in the program, as supported by a medical certificate. In such event, any applicable refund will be pro-rated based on the number of sessions attended prior to the injury.

PARENTAL ACKNOWLEDGEMENT AND CONSENT

As the parent or guardian of a participant in activities offered by Olympia Gymnastics, I acknowledge that:

I fully understand and recognize that there are inherent risks and dangers in my child's participation in the Olympia Gymnastics program and its activities. Participation in the Olympia Gymnastics program and its activities and any use of any equipment related to such activities may result in my child's injury, illness, dismemberment, death and/or damage to personal property. I understand that other participants, accidents, forces of nature or other causes, may cause these risks and dangers to my child. I have considered, acknowledged and accepted these risks before entering my child into the Olympia Gymnastics program.

Olympia Gymnastics may use my or my child's photos, video, or audio for any advertising, decorative, or promotional purpose.

PARTICIPANT ACKNOWLEDGEMENT

I, the Participant, understand that I might get hurt while participating in the Olympia Gymnastics program and its activities. I accept these risks and I still want to participate in the Olympia Gymnastics program.

WAIVER AND INDEMNIFICATION

WAIVER

As a parent or guardian of a participant in activities offered by Olympia Gymnastics I am fully aware of and appreciate the risks associated with participation in gymnastics activities and events.

As conditions of the participation of the participant(s) described above ('my child') in any of the programs conducted by Olympia Gymnastics, including but not limited to tumbling, gymnastics, and physical training, I agree to the following: I waive any claim for bodily injury, personal injury, or property damage against Olympia Gymnastics, its affiliated companies or subsidiaries and Olympia Gymnastics directors, employees, owners, lessors of the premises and any equipment used in connection with any programs of Olympia Gymnastics arising out of my child's participation in any of the programs or events of Olympia Gymnastics whether on or off Olympia Gymnastics premises, or travel for the purpose of participating in any such programs or events. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member. This agreement shall remain in effect as long as and whenever our child participates in any activity related to Olympia Gymnastics.

INDEMNIFICATION

If this agreement is not effective in waiving liability on behalf of my child, myself, or any other family member I further agree to indemnify Olympia Gymnastics for its liability including all costs, fees, and expenses incurred in connection with such liability.

Parent signature: _____

Participant signature: _____

(only required if age is 16 or greater)

Signature Instructions (Adobe Reader)

1. Click "Fill & Sign" in the top right.
2. Select "Place Signature" from the list.
3. Select "Type My Signature" from the list.
4. Type your name in the box.
5. Click "Accept".
6. Place your created signature on provided line.