

Bancroft Gems Gymnastics

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bancroftgymnastics@gmail.com

MEMBERSHIP Form Year _____

Participants Name: _____

Date of Birth: _____ Gender: M F

Address: _____

Town: _____ Postal Code: _____

Home #: _____

Parent/Guardian information:

1. _____ Cell: _____ Work: _____

2. _____ Cell: _____ Work: _____

Emergency Contact other than parent (name & number):

_____ Cell: _____ Home: _____

Important Medical Conditions: _____

Past Injuries: _____

Allergies: _____

Email address: _____

Assumption of Risk and Waiver of Liability:

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss. I declare that the participant named on this form is physically fit to participate in gymnastics and I have accurately disclosed all information regarding his/her physical or medical conditions. I understand that Bancroft Gems will create a safe and controlled environment and has established rules for participation on and about the gymnastics area. All activities and exercises performed at Bancroft Gems are solely at the risk of the participant and hereby release & discharge Bancroft Gems, its owner, management and coaching staff from any liability, claims, injury damage, loss whatsoever, which may result in the use of the services and facilities of Bancroft Gems.

In the event of an emergency, I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Bancroft Gems and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Bancroft Gems Gymnastics.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren)'s participation, I hereby grant my permission for my child's likeness to be used in Bancroft Gems publicity or advertising. I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the Club of any changes immediately!

Policy: No cash refunds after 2nd class. We do not offer make up classes, refunds or credits for missed classes including those cancelled due to bad weather. The annual registration fee that is required from July 1st to June 30th every year is non-refundable and will not be pro-rated. Signed registration form and payment for each participant is required prior to participation. Applications are accepted in order in which they are received.

Signature of Parent/Guardian: _____

Date: _____ Referral: _____