



# Fort Henry Gymnastics Club

## Recreational Program Registration Form

Athlete's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

Age \_\_\_\_\_ Sex \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

To your knowledge does your child have any physical, mental or medical conditions that, for safety reasons should be disclosed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Category (Please check your applicable category)**

\_\_\_\_\_ Military Member: Military Pers., Reg., Res: Class B, C Service # \_\_\_\_\_ Local \_\_\_\_\_

\_\_\_\_\_ Associate Member: Retired Military, Current CFB Kingston, DND Public, and NPF employees

\_\_\_\_\_ Ordinary Member: All other Kingston area residents including Federal, Provincial and Municipal Employees

08/09 Recreational Season	Session		
	Fall	Winter	Spring
Class			
Day			
Time			
Receipt #			
Donation			

**Parent/Guardian Consent of Participation and Waiver**

By submitting and signing this form, I acknowledge that there are risks associated with gymnastics. I warrant that the participant named on this registration form, is physically able 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 the Club and/or Gymnastics Ontario's use in the delivery of the gymnastic program. I acknowledge that there is a potential risk for injury involved in training and competing in any sport. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participants. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in suspension or termination of membership. 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 the Federation, and agree that the Fort Henry Gymnastics Club, any staff member of the Club, the Recreation Centre Staff, the Base Commander of CFB Kingston, CFB Kingston, or the Department of National Defence can in no way be held liable for any injuries, however caused to the participant. I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her Personal Coach/Team Manager. It is understood that whenever possible, the parents or emergency contact persons will be contacted and informed of the problem, diagnosis; treatment required and anticipated medical results. 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.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy**

**ALL FEES ARE NON-REFUNDABLE.** No portion of the payment will be refunded including Annual Gymnastic Ontario Membership Fees or Fundraising Fees if any athlete is asked to leave or chooses to leave the FHGC at any time after registration is completed. If classes are cancelled by the Head Coach or the Executive Committee due to bad weather or any other unforeseen circumstance, every effort will be made to reschedule the class at the end of the session, but no refund will be given for those cancelled classes. If an athlete is injured either in or out of the gym, she/he is also not entitled to a refund. Most injuries are usually temporary, and the athlete is able to return for limited training.

**I have read and understood the refund policy as stated above.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_