



Fort Henry Gymnastics Club

Summer Gymnastics Camp 2009

Name: _____ Age _____ Sex _____ D.O.B: ____/____/____
dd mm year

Address: _____ City: _____ Postal Code _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Parent/Guardian: _____

Emergency Contact (Mandatory): _____ Phone: _____

To your knowledge does your child have any medical/physical issues we need to know about? Yes _____ No _____

If yes, Please explain _____

_____ Military Member- Reg., Res: Class B, C. Service # _____ Local _____

_____ Retired Military, Current DND /PSP and NPF employees.

_____ All other Kingston and area residents.

Week 1-July 6-10 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____	Week 2 – July 13-17 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____
Week 3 – July 20-24 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____	Week 4 – July 27-31 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____
Week 5 – August 3- 7 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____	Week 6 – August 10 - 14 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____
Week 7 – August 17 – 21 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____	Week 8 – August 24 – 28 Receipt # _____	Before Care \$5.00/day _____ After Care \$5.00/day _____

***** Please note: There will be a \$10.00 late pick-up fee for every 15 minutes after 5:00 p.m.*****

Refund Policy

Fees are **NON-REFUNDABLE**. No portion of the payment will be refunded if any athlete is asked to leave or chooses to leave the FHGC at any time during a session. 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. This is because the position is held in the group and 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 _____

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 _____