

Advanced Registration 2009 - 2010



To be completed by Provincial Individual Group AGG

KRSG Club: Inter Club Individual Group AGG

Level: _____ Group: _____

Personal Information

Child's Last Name		Child's First Name	
Name commonly used - if different than Legal Name		Birth Date (YYYY MMM DD)	
Street Address		City	
Province	Postal Code	Home Telephone Number	

Contact Information

*In the event of an emergency, KRSG will attempt to reach the primary contact first. **The primary contact will also receive all KRSG information by email.***

Primary Contact

Last Name		First Name	
Day Phone	Evening Phone	Cell Phone	
Email Address			
Relationship to Gymnast			

Secondary Contact

Last Name		First Name	
Day Phone	Evening Phone	Cell Phone	
Email Address (Specify only if you wish to receive KRSG information)			
Relationship to Gymnast			

Medical Information

Are there any medical, family circumstances, or religious requirements of which the coach should be aware?

Yes No

If yes, the coach will arrange a private interview.

Parent/Guardian Consent of Participation and Waiver

By submitting and signing 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 Kanata Rhythmic Sportive Gymnastics (KRSg)/ Gymnastics Ontario's (GO) use in the delivery of a gymnastic program. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I understand that GO has tried to create a safe and controlled environment for participation and that KRSg has established rules for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of KRSg and/or GO may result in the 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 KRSg Club and/or GO.

I hereby give permission for emergency medical treatment to be administered to my daughter, as may be determined in the reasonable discretion of her Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis; treatment required and anticipated medical results.

Photo/Video Release

By submitting and signing this form I give permission for images of my child, captured during regular and special KRSg activities through video, photo and digital camera, to be used for the purpose of KRSg's training techniques, website, promotional material and publications and waive any rights of compensation or ownership thereto.

KRSg Privacy Policy

By submitting and signing this form, I acknowledge that I am aware and agree with KRSg's privacy policy as listed below.

Registration Information Privacy Policy: The KRSg Club uses the information collected at registration for its own purposes associated with the operation of the club and its registration processes with Gymnastics Ontario. Information is not released to other third parties for any reasons without the written permission of the club members.

I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the KRSg of any changes immediately.

Signature of Participant (or Parent/Guardian if participant is under the age of 18)	Date (YYYY MMM DD)

I _____ understand that as the parent of a gymnast and an advanced member of the KRSg that it is expected that I will actively participate in a minimum of one event hosted by the club during the upcoming gymnastics season.

Signed by _____

Date _____