

# Gemini Gymnastics

## Recreation Registration Form

### 2008/09

<b>Athlete Information</b>			mm /day /year
Name:	Sex:	Age:	D.O.B. ___/___/_____
Parent's Name: 1.		2.	
Address:			
City:		Postal Code:	
Home Phone:		Phone while athlete in class:	
<b>Medical Conditions?    Yes _____    No _____</b> <b>If yes, please explain:</b>			
If your child were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes?			

<b>Recreation Program Information</b>		
Program Name: (eg. Parent and Tot, Girls Gym 5-9 yrs, Trampoline 10+)		
_____		
Day:	Time:	
<b>2<sup>nd</sup> Choice</b>	<b>Day</b>	<b>Time</b>
<b>3<sup>rd</sup> Choice</b>	<b>Day</b>	<b>Time</b>
<b>Notes:</b>		
_____		
How did you hear about us?	Email Address:	
Newspaper Ad	Internet	Friend/Family
Newspaper Article	School Flyer	Other

**For Office Use**

Program Fee:	\$ _____	<b>Paid by:</b>
Discounts:	\$ _____	
Insurance	+ <b>\$ 25.00</b>	
	<b>Total Due:</b>	
	\$ _____	Cash: \$ _____ Date: _____
		Cheque: \$ _____ chq # _____ Date: _____
		Debit: \$ _____ Date: _____
		Visa: \$ _____ Date: _____

**REFUND POLICY:** In all cases fees are not refundable. If there is a medical reason, a monetary refund minus any classes attended and a \$25.00 cancellation fee will apply

## Please sign the back



*Gemini Gymnastics*



**RELEASE OF LIABILITY, WAIVER OF CLAIMS**

**ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**By signing this document, you will waive certain legal rights, including the right to sue.  
PLEASE READ CAREFULLY**

**AWARENESS AND ASSUMPTION OF RISK**

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Gemini Gymnastics its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Gemini Gymnastics AND OTHERS"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND  
INDEMNITY AGREEMENT**

In consideration of Gemini Gymnastics accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against Gemini Gymnastics AND OTHERS.
2. To release Gemini Gymnastics AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Gemini Gymnastics AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself, but also my next if kin, heirs, executors, administrators and assigns.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST GEMINI GYMNASTICS AND OTHERS.**

**Print name of athlete:** \_\_\_\_\_

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.**

\_\_\_\_\_  
Signature of Applicant  
(If participant is under 18, parent/guardian must sign)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Please print name clearly

\_\_\_\_\_  
Please print name clearly