



KINGSTON GYMNASTICS CLUB Open Gym Drop In 2017-2018

Participant Information and Waiver

Parent's Name: _____ Phone Number: _____
 Participant's Name: _____ Date of Birth: _____
 Full Address: _____
 Email Address: _____

Has the participant ever had an injury, accident, allergy or condition requiring ongoing medical attention?
 No ___ Yes ___ Specify: _____

Does the participant have any physical, mental, or medical condition that, for safety reasons, should be disclosed?
 No ___ Yes ___ Specify: _____ **If yes, please complete a Special Needs Form at club.**

By 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 by the Kingston Gymnastics Club (KGC)/Gymnastics Ontario (GO) in the delivery of a gymnastics program. I acknowledge that there is potential risk for injury involved in any sport. I understand that KGC/GO have tried to create a safe and controlled environment for participation and that KGC has established rules for participation in and about the gymnastics area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of KGC 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 federation. I understand my responsibility to ensure that the information on this form is kept current and I will notify the club of any changes promptly. If all requested information is not provided, the applicant will not be permitted to participate.

X _____ Date (M/D/Y): _____

SIGNATURE OF PARENT/GUARDIAN

Open Gym: This class is intended for teens and adults who wish to work on gymnastics activities. We are not a parkour gym and our equipment cannot be used as such. Unfortunately, we are not insured to allow parkour at our gym. If parkour athletes would like to attend open gym, they are welcome to work on gymnastics related skills while following our gym rules and equipment-use rules. The class is open in that participant are free to work independently, however we have coaches present for safety and all participants must respect our coaches and listen to instructions. Anyone who does not follow the rules of our gym may be asked to leave, without refund. You must initial that you have read and understand this in order to participate.

Participant Initials _____ Parent Initials (if under 18 years) _____



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