



Northern Stars Gymnastics Inc.

27 Hooper Road, Unit #9, Barrie, ON
(705) 719-6461
www.northernstarsgymnastics.com

RECREATIONAL PROGRAM REGISTRATION FORM

Child's Last Name _____ Child's First Name _____
D.O.B: Year _____ Month _____ Day _____ Age _____ Gender _____
Address: Street _____ City _____ Postal Code _____
Parent / Guardian: _____ Email: _____
Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____
Emergency Contact: Name _____ Phone (_____) _____
Medical Concerns: (physical and/or medical conditions, allergies, medications, etc.) _____

Program Name: Parent&Tot TinyGym MiniGym KinderGym Jr. Rec Sr.Rec 2Hr.Adv 3Hr.Int Teen Tumble

Session: Fall Winter Spring Summer

First Choice (day & time) _____ Second Choice (day & time) _____

Previous Recreational Level Achieved: _____

Program Fee \$ _____ - Discount _____ + GO/Admin Fee \$ 43.00 = Total Due: \$ _____

Method of Payment: Cash Cheque# _____ Name _____ Date Paid _____
VISA Invoice # _____ Entered: Tax Receipt Issued:
Debit Auth # _____

Please make payments to: **Northern Stars Gymnastics Inc.**

Policies and Registration Information effective August 1st, 2011

- Participation is conditional upon receipt of payment. Please submit full payment with completed Registration Form.
- When 2 or more siblings are registered at the same time, a Rec Program discount of 10% shall apply to the lower fee
- Participants agree to abide by the rules of Northern Stars Gymnastic Club.
- Parents are solely responsible to ensure their children are picked up following scheduled class times.
- Club reserves the right to change/combine/cancel classes due to enrollment.
- No refunds/credits/make-up classes can be provided due to your child's absence.
- Class credit may be provided (no refunds) for an extended illness or injury (missing 3 or more consecutive classes)
Credit will apply for classes, which occur after receipt of a written request submitted together with a doctor's note.
Credit, minus the Admin Fee, will be valid during current season only (July-June), and cannot be provided retroactively.
- All participants are required to pay an annual (July 1 - June 30), non-refundable, \$43.00 Gymnastics Ontario / Administration Fee upon registration.
- Transfer/Admin Fee of \$12+HST per athlete applies if transferring a current GO member from different club.
- There will be no make-up for classes cancelled due to weather conditions.
- \$30.00 fee shall be charged for each N.S.F. cheque.

Transfer & Refund Policy:

- A \$20.00+HST Administration Fee shall apply to all refunds / credits, or transfers of the class date/time.
- Minimum five [5] days written notice is required to withdraw before the start of program. All refunds/credits are subject to an administration fee. If notice is submitted less than five days prior to the 1st class, the refund will be subject to the admin fee and cost of 1st class. Sorry there shall be NO REFUNDS after the 1st class.

You must please **READ and SIGN** the back of this form. Thank you.

**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

Permission to Participate: I, the undersigned, fully understand and accept the risks inherent to the activities and give permission for the athlete to participate in gymnastics without restriction. I freely accept all responsibility for medical, dental, and accident insurance for the athlete.

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 Northern Stars Gymnastics Inc., 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 "Northern Stars Gymnastics Inc. 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, INDEMNITY AGREEMENT, & CASL (Canadian Anti Spam Legislation)

In consideration of Northern Stars Gymnastics Inc. accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against Northern Stars Gymnastics Inc. and OTHERS.
2. To release the Northern Stars Gymnastics Inc. 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 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 Northern Stars Gymnastics Inc. 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 my next of kin, heirs, executors, administrators and assigns.
5. Northern Stars Gymnastics and Gymnastics Ontario strive to create a safe and controlled environment for participation and have established rules of conduct in and around the gymnastic area that must be followed. I understand that failure to comply with any of the policies and rules of Northern Stars Gymnastics / G.O. may result in the suspension or termination of membership.
6. **Agree to receive occasional electronic communications from Northern Stars Gymnastics.**

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 NORTHERN STARS GYMNASTICS INC. AND OTHERS.

Signed this _____ day of _____, 20____.

X _____
Signature of Applicant (parent or guardian if under 18)

Witness

Please Print Name Clearly

Please Print Name Clearly

Authorization for Medical Services:

Should the athlete suffer injury or illness while participating, I hereby give permission to the Club and its personnel to authorize such medical attention as may be deemed necessary in the event either myself, or the designated Emergency Contact cannot be reached in a timely manner.

Parent/Guardian Signature: X _____, Date: _____