

**Muskoka Limberettes Gymnastic Club  
Registration Form & Waiver**

**Athlete Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Age: (as of start of program) \_\_\_\_\_ Date Of Birth (mm/dd/yy): \_\_\_\_\_ Sex: \_\_\_\_\_

**Parent / Guardian Information**

Parent / Guardian Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Emergency Contact Person/People (other than self):  
(1) Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
(2) Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**Medical Information**

Does the participant have any physical, mental or medical conditions that should be disclosed?  
Please list: \_\_\_\_\_ Y N

Has the participant ever had an injury or accident that required ongoing medical attention?  
If yes, please specify: \_\_\_\_\_ Y N


Has the participant ever had surgery that continues to affect their physical abilities?  
If yes, please specify: \_\_\_\_\_ Y N

Does the participant have any allergies? If yes please specify: \_\_\_\_\_ Y N

Does the participant carry an epi-pen? \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Card Number \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

Please review waiver on next page 



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**Parent/Guardian Consent of Participation and Waiver**

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By submitting and signing this form, I acknowledge 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 the Club/G.O. use in the delivery of a gymnastics program. I acknowledge that there is potential risk of injury involved in training and competing in any sport. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that the Club has established rules for participation on or 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 the Club and/or Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event any injury is caused due to participation in gymnastics or other involvement with the federation. I also understand and give permission to the Muskoka Limberettes to photograph my son/daughter for promotional purposes only with no monetary benefits.

I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of the Director/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.

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 (if participant is under 18 years of age)**

**Date(mm/dd/yy)**

**WITHDRAWING FROM A CLASS**

- If you choose to withdraw from a class before the class begins you can request a refund for the class amount less a \$15.00 administration fee. You may also request a credit on your account for future use with no administration fee. Credit may be used by any member of your family for classes, camps or "pay-as-you-go" classes.
- If you choose to withdraw from a class up until 4 weeks into the session you may request a refund less the prorated classes and the admin fee or a transfer of fees to a future class with no admin fee.
- If you choose to withdraw from a class AFTER 4 week of the session you will only receive a CREDIT towards future classes.

**\*\*\*THE GYMNASTICS ONTARIO REGISTRATION FEE (\$35.00) IS NOT REFUNDABLE \*\*\***