

Guardian Last Name:

Guardian First Name:

Mailing Address:

Apt/Unit: _____ Postal Code: _____

And you are the: Mother Father
 Grandparent Guardian
 Participant

Main Phone No.:

Cell/ Emerg Phone No.:

Last Name of Payer:

E-mail:

How Did You Discover Victoria Gymnastics?

Island Parent Web Search Friend
 Birthday Party School Social Media
 Gift Certificate Renewal Sibling Attends
 Other Gym _____

I have read and understood the registration policies in the current brochure. I unconditionally agree to comply with each policy:
 X

Participant First Name:

Gender: Male or Female (circle)

Participant Last Name:

Gym Experience: Year(s)____ Month(s)____

Birth Date: Year____ Month____ Day____

Current Date: Year____ Month____ Day____

Medical Note:

Class Type: Adult Gym Other: _____

Class Time(s): Fr. ____:____ to ____:____ Class Day : Mon Tue Wed Thu Fri Sat Sun
Fr. ____:____ to ____:____ Class Day : Mon Tue Wed Thu Fri Sat Sun

Previous injuries: neck back hip knee ankle shoulder elbow wrist fingers
 toes
Description/nature of injury _____

ADULT RELEASE AND INDEMNITY
On Reverse of this page

ADULT RELEASE AND INDEMNITY
PLEASE READ CAREFULLY

Turn over 

RE: Use of Premises and Equipment of Victoria Gymnastics

TO: A.D. Ventures Ltd., operating as Victoria Gymnastics (referred to in this document as Victoria Gymnastics) and its directors, officers, employees, representatives, officials, landlord and agents (collectively referred to in this document as the "Agents")

I have read the guidelines and rules issued for the use of Victoria Gymnastics' premises and equipment, which I understand, and I agree to be bound by them. In consideration of your acceptance of my being permitted to use the premises and equipment and/or any activity associated therewith, I agree to RELEASE, SAVE HARMLESS AND INDEMNIFY Victoria Gymnastics and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property wheresoever and howsoever caused, arising out of, or in connection with my use of the premises and equipment notwithstanding that the same may have been contributed to or occasioned by any act or failure to act, including, without limitation, negligence, of Victoria Gymnastics and or anyone or more of its agents. I further agree and acknowledge that:

1. The rules and guidelines governing the use of the premises and equipment are solely for that purpose and it remains my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participating in gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use.

I further agree to HOLD HARMLESS AND INDEMNIFY Victoria Gymnastics and its agents from any and all actions, claims, demands, losses, judgements or costs of any nature to any third party resulting from my use of the premises and equipment herein and I agree not to make any claims or take any proceedings against any other person, society, corporation or other legal entity who might claim contribution or indemnity from Victoria Gymnastics and/or its agents in respect of matters which are the subject of this Release.

I agree that this Release shall bind my heirs, executors, administrators and assigns. I confirm that I am the full age of eighteen years and I have read this Release and understand it.

General Gym Rules

- Do gymnastics safely
- Ask your coach's permission before getting on equipment
- Ask your coach's permission before attempting new skills
- Be cautious and aware of your surroundings when moving in gym
- If you leave the class, tell your coach

Date: _____ Participant Name: _____

Participant Signature: _____

Witness Signature: _____

OFFICE USE ONLY:

Payment Method(s): Cheque Credit Card Debit Cash Credit Note

Session: Fall/Winter/Spring Summer Classes Camp Drop In

Registration Process: Entered in CL Fee's assessed Paid in CL/Info Updated Receipt Sent

Administrator Signature: _____