LAST NAME of participant	FIRST NAME of participant	Male__ Female__	BIRTHDATE Month Day Year	Current Age

11-12 OFFICE USE

VISITOR OR FREE DATE

GO PD DATE	GO PD DATE
AMOUNT	AMOUNT
GO REG DT	GO REG DT

HOME PHONE NUMBER	PARENT or GUARDIAN'S NAME (#1)	CELL	WORK PHONE
Siblings who are GT members	PARENT or GUARDIAN'S NAME (#2)	CELL	WORK PHONE

street number street city postal code

EMAIL ADDRESS

For receipts, Gymtrix Newsletters / Registration info

ADDITIONAL EMERGENCY CONTACT (if we cannot reach a parent)

name relationship to participant phone number

PHOTOS

I agree that photos that have my child in them can be posted at the gym, published for either internal marketing or publicity purposes

YES_____

NO_____

PLEASE HELP US PROVIDE THE SAFEST POSSIBLE PROGRAM MARK AN X IN THE APPLICABLE BOXES BELOW

☐ **ALL PROGRAMS - MEDICAL & ALLERGIES SECTION** **MEDICAL** (including **ALLERGIES, RECENT ILLNESS, SURGERIES** etc), **SOCIAL, MENTAL** or **PHYSICAL CONDITIONS** or any other pertinent information that for safety reasons should be disclosed.
Please describe:

☐ **DAYCAMP - FOOD** From time to time, we may provide snacks during daycamp. Please mark the box with an X if you **DO NOT** wish us to give your child a snack.

☐ **DAYCAMP - PICK UP** **Is there anyone who SHOULD NOT pick up your child. Please speak to someone in our office.**

By submitting this form, **I ACKNOWLEDGE**: 1) that I am aware that there are risks associated with Gymnastics 2) that the participant named on this form is physically fit to participate in Gymnastics 3) that the information on this form may be used for Gymtrix/GO's use in the delivery of a gymnastics program 4) that Gymtrix and GO have tried to create a safe and controlled environment for participation 5) that Gymtrix has established rules for participation that must be followed by the participant and failure to comply with any of the policies and rules may result in suspension or termination of membership
I DECLARE: 1) that I have accurately disclosed all information Gymtrix has listed in the Medical Section of this Form and will ensure that Gymtrix is kept informed of any new conditions that may affect the safety of the participant. I hereby give my permission for emergency medical treatment to be administered to my child/self, as may be determined by reasonable discretion of his/her/my coach/manager. I hereby waive the rights of the participant, to damages or other costs in the event of injury caused due to participation or other involvement with GO.

Parent/Guardian ***Print Name***_____ ***Sign***_____***Date***_____

NORTH BAY GYMTRIX GYMNASTICS AND TRAMPOLINE CENTRE