



Salt Gymnastics Club

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2010 SUMMER DAY CAMP REGISTRATION FORM

HAVE YOU BEEN HERE BEFORE? YES NO

NAME:		MALE	AGE AS OF JUNE 30, 2010:	
		FEMALE		
MAILING ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:	
AHC#:	DOB:	HOME PHONE:	WORK PHONE:	
EMERGENCY CONTACT :		EMERGENCY CONTACT PHONE NUMBER(S):		
RELATIONSHIP:	HEALTH PROBLEMS:			
DOES CHILD REQUIRE AN AID:				
ALLERGIES:		ADDITIONAL:		

BY SUBMITTING AND SIGNING THIS I ACKNOWLEDGE THAT I AM AWARE THAT THERE ARE RISKS ASSOCIATED WITH GYMNASTICS. I WARRANT THAT THE PARTICIPANT NAMED ON THIS REGISTRATION FORM IS PHYSICALLY FIT TO PARTICIPATE IN GYMNASTICS AND OTHER SUCH ACTIVITIES. I DECLARE THAT I HAVE ACCURATELY DISCLOSED ALL THE INFORMATION REGARDING PHYSICAL, MENTAL OR MEDICAL CONDITIONS AFFECTING THE NAMED PARTICIPANT AND ACKNOWLEDGE THAT THIS INFORMATION MAY BE USED BY THE CLUB/AGF IN THE DELIVERY IN GYMNASTICS PROGRAMS. I ACKNOWLEDGE THAT THERE IS A POTENTIAL RISK OF INJURY INVOLVED IN TRAINING, COMPETING OR PARTICIPATING IN ANY SPORT. I UNDERSTAND THAT AGF HAS TRIED TO CREATE A SAFE AND CONTROLLED ENVIRONMENT FOR PARTICIPATION AND SALTA GYMNASTICS HAS ESTABLISHED RULES FOR PARTICIPATION ON 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 THE CLUB/AGF MAY RESULT IN SUSPENSION OR TERMINATION OF MEMBERSHIP. I WAIVE THE RIGHTS OF THE PARTICIPANT TO DAMAGES OR OTHER COSTS IN THE EVENT THAT INJURY IS CAUSED DUE TO PARTICIPATION IN CAMP AND OR GYMNASTICS ACTIVITIES OR OTHER INVOLVEMENT WITH THE CLUB OR AGF.

GYMNASTS NAME: _____ DATE: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

(PLEASE PRINT THIS REGISTRATION FORM AND RETURN TO SALTA GYMNASTICS CLUB)