

K.W. GYMNASTICS CLUB: REGISTRATION

805 Victoria Street South, Kitchener, ON, N2M 5N9

Phone: 743-4970 Office Hours: 9am - 5pm, Monday to Friday

GENERAL INFORMATION

ANNUAL REGISTRATION FEE: Every participant in all of our programs must be registered with Gymnastics Ontario. This compulsory registration fee is now **\$25.00 PER CHILD**. Please add this fee to your session fee the first time you register each year **[July 1 – June 30]**.

SCHEDULE: Our programs run in three sessions - FALL, WINTER, & SPRING. Recreational and Weekend Kindergym and Parents & Tots sessions are 10 weeks in length, while Weekday Kindergym and Parents & Tots at the Training Centre operate in 12 week sessions. MARCH BREAK CAMP BROCHURES are available in early January. SUMMER CAMP BROCHURES can be obtained after March 1st.

ATTIRE: Gym shorts with a T shirt and bare feet is suitable dress for gymnastics. A body suit, available from our boutique, is optional for girls. Hair must be tied back. Please do not bring jewelry or watches to your class. Body suits, handgrips and club T-shirts can be purchased through our office during business hours.

ALLERGY ALERT: Children in our recreational programs may wish to bring a small snack to class. Please do NOT send any peanut products with your child.

REGISTRATION PROCEDURE

Fall registration begins with a mass registration at the Training Centre commencing at 8:00 a.m. on June 1st. You may register one family in addition to your own. All fall registrations are done on a first-come basis. During the first week in June all registrations must be done in person. After that time you may mail your registration form, along with your cheque (payable to K. W. Gymnastics Club), to the address on the top of this page. You may post-date your cheque to Sept. 1st,

REFUNDS are offered only as follows: no later than 48 hours after the first class. All refunds are assessed a \$15. administrative fee. NSF cheques are also charged a \$15. fee. We regret that we are unable to provide make-up classes due to absenteeism for any reason.

CLUB POLICY: Any child who does not have a sufficient attention span to enable him/her to follow the coach's instructions or harasses other athletes, puts his/her own safety and that of other gymnasts at risk. Therefore, this child may be asked to withdraw from the program, and any fees paid in advance will be refunded.

FAMILY RATE: Three or more children from the same family may deduct 10% from the class fees. No discount on Gymnastics Ontario fees. No discount on any of our advanced programs.

PAYMENT METHODS: Cash, cheque or debit card only.

K.W. GYMNASTICS CLUB: REGISTRATION FORM

805 Victoria Street South, Kitchener, ON, N2M 5N9

Phone: 743-4970 Office Hours: 9am - 5pm, Monday to Friday

Gymnast's Name: _____ Birth date: _____

Street: _____ apt# _____ Gender: _____

City: _____ Postal Code: _____

Parent: _____ Phone: _____ cell: _____

Emergency Contact: _____ Phone: _____ cell: _____

Medical problems: _____

Previously registered with our club? _____ if so, year and highest level achieved: _____

<i>Program name</i>	<i>Location</i>	<i>day</i>	<i>time</i>	<i>fee</i>
---------------------	-----------------	------------	-------------	------------

1st choice: _____

2nd choice: _____

WAIVER & RELEASE OF LIABILITY

There is a potential risk for injury involved in training or participating in any sport. This is to be read & signed by the parent/legal guardian of all participants under the age of eighteen. Your child may not commence gymnastics lessons until this document is signed.

In part consideration of the K. W. Gymnastics Club (the Club) permitting my child to take part in the lessons and other activities of the Club, I hereby release the Club and its employees, agents and volunteers from any and all damages sustained in consequence of loss, injury or damage to any person or property and from any or all actions, causes of action, claims and demands of any nature arising directly or indirectly from my child's participation in gymnastics; and

AUTHORIZATION

I further authorize the Club, its employees, agents and volunteers to provide medical first aid which they deem reasonably necessary for my child in the event of his/her injury during the activities of the Club and I agree to reimburse the Club for all expenses incurred thereby.

The undersigned acknowledges that he/she has read the foregoing and understands and agrees to this waiver and release of liability and authorization in favour of the K.W. Gymnastics Club, its employees, agents and volunteers.

Name of participant: _____ Age: _____

Signature of parent / guardian: _____

Date: _____

REGISTRATION