



Participant Information			
First and Last Name		Ma	ale Female
Address		Bir	thdate//
City Postal Code			month / day / year
Has the participant enrolled in gymnastics	before?(ye	es/no)	
If YES, where?	Wh	at level?	
Does the participant have any medical con-	ditions that the coach	es should be aware o	f? (yes/no
If YES, please describe:			
Parent/Guardian Information			
First and Last Name			
Relationship	PI	hone #	
Email Address			
			edule information.
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□ I consent to receiving emails from Dakota Green Emergency Contact	ymnastics Academy rega	hone # Time	Cost
□ I consent to receiving emails from Dakota Green Emergency Contact Gymnastics Class Enrollment Class Name Registration/Membership Fee	Day	Time Total Cost	Cost
□ I consent to receiving emails from Dakota Green Emergency Contact Gymnastics Class Enrollment Class Name Registration/Membership Fee There is a mandatory \$45 annual fee (\$55 for example)	Day for competitive athlet	Time Total Cost	Cost of Classes ta Gymnastics Academy
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Classes Total	\$
Membership Fee	\$
Equipment Fee	\$
Total Payable	\$





RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT

By signing this document, you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY, AWARENESS AND ASSUMPTIONS OF RISK. I am aware that participation in gymnastics, like in any sport, involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Dakota Gymnastics Academy, its owners, administration, coaches, volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Dakota Gymnastics Academy and others". I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT. In consideration of Dakota Gymnastics Academy accepting my application to participate in this activity, I agree to waive any and all claims that I may have in the future against Dakota Gymnastics Academy AND OTHERS. I agree to release the Dakota Gymnastics Academy AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care. I agree to hold harmless and indemnify Dakota Gymnastics Academy AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity and agree that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns. I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST Dakota Gymnastics Academy AND OTHERS.

Date:, 20		
Name of Participant (printed):		
Signature of Participant (or parent/legal guardian if the participant is under the age of 18)		
Name of Witness (printed):		
Signature of Witness:		





PHOTOGRAPH & VIDEO RELEASE FORM

I hereby authorize, without limitation or reimbursement, any images or video footage taken of my child (under 18 years of age), in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Dakota Gymnastics Academy website and other official channels, and to be used for media purposes including promotional and marketing campaigns or other activities in connection with the Academy.

I am the parent or legal guardian of the child, and I have read this waiver and am familiar with its content.

Date:	, 20		
Child's Name:			-
Parent/Guardian Name (printed):			
Signature:			_





RULES AND POLICIES

Behaviour – Any child who is unable to follow the coach's instructions or harasses other children, puts his/her own safety and other gymnasts at risk, may be asked to withdraw from the program, and any fees paid in advance will be refunded.

What to Wear – Girls may wear a gym suit or one-piece body suit. Boys may wear gym shorts and a T-shirt/tank top. No skirts, jeans, shorts or pants with belts, buckles or zippers. Hair must be tied back and off the shoulders. Bare feet only (in some cases sports socks are permitted). No jewellery.

Parents/Guardians – Are allowed to enter the gym only if they are part of the class, or if it is a special event. In the Parents and Tot class, please have only one adult per child (unless permission has been granted ahead of time). Food and beverages (except water bottles) are not allowed in the gym.

Classes – Start on time. Children must be picked up promptly when class is over. Parents/guardians are required to supervise their children <u>before</u> and <u>immediately</u> after class. In cases where you are going to be late picking up your child, please let us know. Siblings not attending class must be supervised by an adult/parent/guardian.

Cancelled Classes – If we, Dakota Gymnastics Academy, have to cancel a class for any reason and you paid for it, we will provide a make-up for that class. There are no refunds or make-up classes for sessions that have been cancelled due to inclement weather.

Feedback – We welcome any comments, questions, or suggestions! It is important to us that Dakota Gymnastics Academy is something we are all proud to be a part of.

Rejection – Dakota Gymnastics Academy, as a private club and member of Manitoba Gymnastics, reserves the right to reject any members who are not respecting the rules and policies.

I have read the program Rules and Policies, and I am agreeing to them as stated.

Parent/Legal Guardian Signature:	
Date:, 20	