

Registration Form



Club Address:

785 Sir John A MacDonald Blvd
Kingston ON K7L 1H3

(613) 544-JUMP
kingstonaeros@outlook.com

PARTICIPANT CONSENT & MEDICAL DATA RECORD

PRINT CLEARLY IN INK OR TYPE

NAME OF PARTICIPANT (SURNAME) (FIRST NAME)		BIRTH DATE (D/M/Y) ___/___/___	Age	Gender M F
Address: _____ (Apt.) (Street)		CONTACT NUMBERS		
_____ (City/Town) (Province) (Postal Code)		_____ HOME _____ WORK _____ Cell/Pager _____ E-MAIL		
PARENT/GUARDIAN INFORMATION (If participant is under 18)				
Name: _____ Relationship _____		_____ (ALTERNATE CONTACT INFORMATION)		
Name: _____ Relationship _____		_____ (ALTERNATE CONTACT INFORMATION)		
TO YOUR KNOWLEDGE, DOES YOUR CHILD HAVE ANY PHYSICAL, MENTAL, OR MEDICAL CONDITIONS/DIFFERENCES WE SHOULD BE AWARE OF, OR WHICH COULD AFFECT THEIR ABILITY TO SAFELY PARTICIPATE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SEE A CLUB ADMINISTRATOR OR COACH Differences/Health Problems/Allergies: _____ _____ Please Explain: _____				
Office Use Only				

IN THE CASE OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING INDIVIDUAL(S)	
Name: _____ Contact 1: _____ Relationship: _____ Contact 2: _____ Comments: _____	Name: _____ Contact 1: _____ Relationship: _____ Contact 2: _____ Comments: _____

Gymnastic Ontario Fees Paid for current Year (July 1 to June 30): **YES** **NO** IF **YES** AT REGISTRATION, NAME OF GYM CLUB**: _____ Date of participation**: _____

****If this information is not available from registrant, charge GO fee. Reimbursement will be made after confirmation with Gymnastics Ontario.**

Photography consent: Please check one

- I consent to photos or videos taken of myself or the participant for use in advertising & social media for the Kingston Aeros Trampoline Club
- I do NOT consent to photos or videos taken of myself or the participant for use in advertising & social media for the Kingston Aeros Trampoline Club

Signature: _____ Date: _____

PLEASE TURN OVER

**RELEASE OF LIABILITY, WAIVER OF CLAIMS
ASSUMPTION 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 ASSUMPTION OF RISK

I am aware that trampoline and gymnastics 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 Kingston Aero Trampoline Club, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as “KINGSTON AEROS TRAMPOLINE CLUB 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 Kingston Aero Trampoline Club accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against KINGSTON AEROS TRAMPOLINE CLUB AND OTHERS
2. To release the KINGSTON AEROS TRAMPOLINE CLUB 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 participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify KINGSTON AEROS TRAMPOLINE CLUB AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

PARTICIPANT CONSENT AGREEMENT

1. I warrant that the participant named on this form is physically fit to participate in trampoline.
2. I declare that I have accurately disclosed all information regarding physical, emotional or mental conditions affecting the named participant and acknowledge that this information may be used by KINGSTON AEROS TRAMPOLINE CLUB AND OTHERS to use in the delivery of a trampoline programme.
3. I understand that KINGSTON AEROS TRAMPOLINE CLUB AND OTHERS has tried to create a safe and controlled environment for participation and that the club has established rules for participation on and about the trampoline area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of KINGSTON AEROS TRAMPOLINE CLUB AND OTHERS may result in the suspension or termination of membership.
4. I hereby give permission for emergency medical treatment to be administered to the named participant.
5. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.
6. I hereby, where applicable, give permission for my son or daughter (or person to whom I am the legal guardian) to participate in trampoline.
7. I understand that it is my responsibility to ensure the information on this form is kept current, and I will notify the club of changes immediately.

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 KINGSTON AEROS TRAMPOLINE CLUB AND OTHERS

Signed this _____ day of _____, 202__.

Signature of Participant _____ Print name clearly _____
(If over 18 years of age)

Signature Parent/Guardian _____ Print name clearly _____

Signature of Witness _____ Print name clearly _____

REFUND POLICY

Fees are NON-REFUNDABLE. If any participant chooses to leave the Kingston Aeros Trampoline Club, no matter what time during the session, payment is not refundable for any part of the session. If classes are cancelled due to bad weather or any other unforeseen circumstance, a credit will be given for those cancelled classes. If a participant is injured, either in or out of the Club facilities, a credit will also be given. No refund will be given once a recreational session or week of camp has started, unless the club cancels the camp or your registration due to illness or physical distancing non-compliance. Programs may be cancelled at any time due to any ongoing pandemic. If the government cancels camps or classes, payment will be refunded or can be used as a credit in future registration.

I have read and understand the refund policy as stated above.

Signature of Participant _____ Print name clearly _____
(If over 18 years of age)

Signature Parent/Guardian _____ Print name clearly _____

GYMNASTICS ONTARIO and KINGSTON AEROS TRAMPOLINE CLUB
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT

2020-2021

WARNING! Please read carefully

By signing this document, you will assume certain risks and responsibilities

Participant's Name: _____

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of Gymnastics Ontario and Kingston Aeros Trampoline Club (collectively the "Activities"), the undersigned, being the Participant and the Participant's Parent/Guardian (if Participant is under 18 years old), (collectively the "Parties"), acknowledge and agree to the terms outlined in this document.
2. Gymnastics Ontario, Kingston Aeros Trampoline Club, and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization").

We have read and agree to be bound by paragraphs 1 and 2

Description and Acknowledgement of Risks

3. The Parties understand and acknowledge that:
 - a)The Activities have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury.
 - b)The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
 - c)The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction.
 - d)The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, participating in the Activities could increase the Participant's risk of contracting COVID-19.
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers and hazards include, but are not limited to:
 - a)Privacy breaches, hacking, technology malfunction or damage.
 - b)Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
 - c)Vigorous physical exertion, strenuous cardiovascular workouts, and rapid movements.

- d) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus.
- e) Failure to follow instructions or rules.
- f) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the Participant's body or to the Participant's general health and well-being.
- g) Abrasions, sprains, strains, fractures, or dislocations.
- h) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
- i) Physical contact with other participants, spotters, spectators, equipment, and hazards.
- j) Collisions with walls, any gymnastics apparatus, floors, or mats.
- k) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.
- l) Failure to act safely or within the Participant's ability or designated areas.
- m) Negligence of other persons, including other spectators, participants, or employees.
- n) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities.
- o) Contracting COVID-19 or any other contagious disease.

We have read and agree to be bound by paragraphs 3 and 4

Terms

5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
 - a) That when the Participant practices or trains in their own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant.
 - b) That the Participant's mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant's mental and physical condition.
 - c) That the Participant may experience anxiety while challenging themselves during the Activities.
 - d) To comply with the rules and regulations for participation in the Activities.
 - e) To comply with the rules of the facility or equipment.
 - f) The risks associated with the Activities are increased when the Participant is impaired, and the Participant will not participate if impaired in any way.
 - g) That COVID-19 is contagious in nature and the Participant may be exposed to, or infected by, COVID-19.

6. In consideration of the Organization allowing the Participant to participate, the Parties agree:
 - a) That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to participate in the Activities.
 - b) That the Organization is not responsible or liable for any damage to the Participant's vehicle, property, or equipment that may occur as a result of the Activities; and
 - c) That this Agreement is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Ontario.

We have read and agree to be bound by paragraphs 5 to 7

Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

Name of Participant (print)

Signature of Participant

Date of Birth

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date

GYMNASTICS ONTARIO
DECLARATION OF COMPLIANCE – COVID-19

Participant Name (print): _____

Participant's Parent/Guardian _____
(if the participant is younger than the age of majority)

Email: _____

Phone: _____

WARNING!

**ALL PARTICIPANTS ENTERING THE FACILITY AND/OR PARTICIPATING IN
SANCTIONED ACTIVITIES MUST COMPLY WITH THIS DECLARATION**

Gymnastics Ontario and its affiliated clubs (collectively the “Organization”) require the disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further spread of COVID-19. This Declaration of Compliance will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

A participant (or the participant’s parent/guardian, if the participant is younger than the age of majority) who is unable to agree to the terms outlined in this document is not permitted to enter the Organization’s facilities or participate in the Organization’s activities, programs, or services.

I, the undersigned being the participant named above and the participant’s parent/guardian (if the participant is younger than the age of majority), hereby acknowledge and agree to the terms outlined in this document:

- 1) The coronavirus disease COVID-19 has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19 and requires all participants (or their parent/guardian, when applicable) to adhere to the compliance standards described in this document.
- 2) The participant has not been diagnosed with COVID-19. **OR** If the participant was diagnosed with COVID-19, the participant was cleared as noncontagious by provincial or local public health authorities.
- 3) If the participant is a front-line worker (such as hospital staff, long term care staff, or other individual who interacts with individuals who have confirmed or suspected cases of COVID-19) or required to travel outside of Canada, the participant has worn proper and approved Personal Protective Equipment at all times whenever they interacted with an individual who has a confirmed or suspected case of COVID-19 in the last 14 days.
- 4) If the participant is not a front-line worker or travelled outside of Canada, they have not been exposed to a person with a confirmed or suspected case of COVID-19 in the last 14 days.
- 5) The participant is attending or participating voluntarily and understands the risks associated with COVID-19. The participant (or the participant’s parent/guardian, on behalf of the participant (when applicable) agrees to assume those risks, including but not limited to exposure and being infected.

- 6) The participant has not, nor has anyone in the participant's household, experienced any signs or symptoms of COVID-19 in the last 14 days (including fever, new or worsening cough, fatigue, chills and body aches, respiratory illness, difficulty breathing, nausea, vomiting or diarrhea, pink eye, or loss of taste or smell).
- 7) If the participant experiences, or if anyone in the participant's household experiences, any signs or symptoms of COVID-19 after submitting this Declaration of Compliance, the participant will immediately isolate, notify the Organization, and not attend any of the Organization's facilities, activities, programs or services until at least 14 days have passed since those symptoms were last experienced.
- 8) The participant is following recommended guidelines, including but not limited to, practicing physical distancing, trying to maintain separation of six feet from others, adhering to recognized hygiene best practices, and otherwise limiting exposure to COVID-19.
- 9) The participant will follow the safety, physical distancing, and hygiene protocols of the Organization.
- 10) This document will remain in effect until the Organization, per the direction of the provincial government and provincial health officials, determines that the acknowledgements in this Declaration of Compliance are no longer required.
- 11) The Organization may remove the participant from the facility or from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the participant is no longer in compliance with any of the standards described in this document.

Signature: _____ Date: _____
Participant (If the age of majority)

Signature: _____ Date: _____
Parent/Guardian (if the participant is younger than the age of majority)