

Registration Form



Club Address:

785 Sir John A MacDonald Blvd
Kingston ON K7L 1H3

(613) 544-JUMP
melinda.cockburn@live.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) _____ (City/Town) (Province) (Postal Code)		CONTACT NUMBERS _____ 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 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 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: _____

OFFICE USE ONLY				
Gymnastic Ontario Fees Paid for current Year (July 1 to June 30): YES <input type="checkbox"/> NO <input type="checkbox"/> 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.				
	Summer Session	Fall Session	Winter Session	Spring Session
CLASS DAY:				
TIME:				
FEE AMOUNT:				
CASH or CHEQUE (#)				
DATE PAID:				
RECEIVED BY :				
KATC RECEIPT NO.				

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 _____, 201__.

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 is asked to leave or 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, every effort will be made to reschedule the cancelled classes at the end of the session, but no refund will be given for those cancelled classes. If a participant is injured, either in or out of the Club facilities, they are also not entitled to a refund, as their position is still held in the class they are registered in. Injuries are usually temporary and most often the participant is able to return for limited training. Parents should meet with the participant's coach to see what type of training they can participate in.

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 _____