



# Gymnast Registration for 2009-2010

## FLAIRS GYMNASTICS INC

Contact: info@flairsgym.com

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### GYMNAST INFORMATION

Gymnast Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Surname Given Name yr/mo/day

Gymnast Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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### CONTACTS

| NAME | Cell/Pager<br>For emergencies only | E-Mail * <b>REQUIRED</b> |
|------|------------------------------------|--------------------------|
|------|------------------------------------|--------------------------|

|        |       |       |
|--------|-------|-------|
| Mother | _____ | _____ |
|--------|-------|-------|

|        |       |       |
|--------|-------|-------|
| Father | _____ | _____ |
|--------|-------|-------|

|                   |       |       |
|-------------------|-------|-------|
| Emergency Contact | _____ | _____ |
|-------------------|-------|-------|

**E-MAIL IS OUR FIRST FORM OF COMMUNICATION WITH YOU REGARDING CLUB BUSINESS.**

**YOU WILL ONLY BE CONTACTED BY PHONE IF ABSOLUTELY NECESSARY. PLEASE CHECK YOUR E-MAIL REGULARLY**

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### MEDICAL INFORMATION

Personal Medical # (9 digit): \_\_\_\_\_ Manitoba Medical # (6 digit): \_\_\_\_\_

Please indicate any Health Care Needs:  Anaphylaxis  Allergies (Identify)  Asthma  Other

Is medication required at the gym?  Epi-Pen  Bronchial Inhaler  Other (Identify)

Elaborate on Health Care needs:

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### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register the gymnast in our Program, and will be used to contact you. This information will also be sent to the Manitoba Gymnastics Association (MGA). MEDICAL INFORMATION WILL ONLY BE USED IN A MEDICAL EMERGENCY.

If you have any questions about the collection, please contact the:

Flairs Gymnastics Inc Privacy Officer  
c/o 46 Hindle Gate  
Winnipeg, MB R2N 4R2

# Gymnast Registration for 2009-2010

Please make all cheques payable to Flairs Gymnastics Inc and send to:

**FLAIRS GYMNASTICS INC**

c/o Rachel Berard

46 Hindle Gate

Winnipeg, MB R2N 4R2

## **FEES: ALL CHEQUES MUST BE INCLUDED WITH YOUR REGISTRATION**

**OPTION 1:** FULL PAYMENT WITH REGISTRATION \$ \_\_\_\_\_

**OPTION 2:** DEPOSIT WITH REGISTRATION \$ \_\_\_\_\_ 2 POST DATED CHEQUES \$ \_\_\_\_\_

**OPTION 3:** DEPOSIT WITH REGISTRATION \$ \_\_\_\_\_ 8 POST DATED CHEQUES \$ \_\_\_\_\_

## **FUNDRAISING:**

### **FUNDRAISING IS MANDATORY FOR ALL COMPETITIVE GYMNASTS.**

FUNDRAISING CHEQUE (CASH PORTION): \$ \_\_\_\_\_ (Dated for June 1st)

FUNDRAISING CHEQUE (VOLUNTEER HOURS): \$ \_\_\_\_\_ (Dated for June 1st)

I am unable to fulfill my fundraising commitment for the 2009/2010 gymnastics season. I have enclosed a cheque to be cashed **IMMEDIATELY** in lieu of this commitment. FUNDRAISING CHEQUE: \$ \_\_\_\_\_ (Dated for Sept 1<sup>st</sup>)

## **TAG DAY:**

### **TAG DAY IS MANDATORY FOR ALL COMPETITIVE GYMNASTS. TAG DAY WILL BE OCT 10<sup>TH</sup>.**

**AN EXTRA 3 HOURS OF VOLUNTEER TIME WILL BE ADDED TO YOUR FUNDRAISING COMMITMENT IF YOUR SON IS NOT ABLE TO PARTICIPATE**

TAG DAY CHEQUE: \$ \_\_\_\_\_ (Dated for June 1st)

I am unable to fulfill my Tag Day commitment for the 2009/2010 gymnastics season. I have enclosed a cheque for \$75 to be cashed **IMMEDIATELY** in lieu of this commitment. TAG DAY CHEQUE: \$ \_\_\_\_\_ (Dated for Sept 1<sup>st</sup>)

## **WAIVER AND CONDITIONS OF ENROLMENT:**

1. I hereby authorize Flairs Gymnastics to take photographs of my child named in this application, and to display and otherwise use these photographs without charge for the purpose of promotional material in connection with Flairs Gymnastics.
2. I understand that injuries can arise by accident from the very nature of the sport, and I hereby release and waive all rights to any claim or action against Flairs Gymnastics arising from injury to my child except where such injury is caused by the negligence of Flairs Gymnastics.
3. I hereby authorize Flairs Gymnastics to seek emergency medical assistance for my child named in this application if the parents or emergency contact cannot be contacted. I understand that club personnel will take my child to the closest medical facility for emergency treatment. If an ambulance is necessary, the parent/guardian will be billed.
4. I understand that there will be NO refunds after February 1, 2010 for reasons other than medical reasons, with a doctor's note provided.
5. On behalf of my child I agree to fulfill my fundraising commitment for the 2009/2010 gymnastics season. Should I fail to fulfill this agreement, my cheque(s) dated for June 1, 2010 (enclosed) will be cashed in lieu of my commitment, and any fundraising portion which has been fulfilled will be reimbursed to me by Flairs Gymnastics Inc.
6. I understand that my child will **not be allowed on the gym floor until the full registration package** (registration form, fees and fundraising cheques) is received by the Coordinator.

## **THERE ARE NO REFUNDS AFTER FEBRUARY 1<sup>ST</sup>**

There is a \$25 fee on the first NSF Cheque and \$30 on the second. After the 2<sup>nd</sup> NSF cheque payment will be required by cash or certified cheque.

**Parent's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_