

Contact: Fan Wang: (613)255-2388

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Barrhaven Rhythmic Gymnastics Club

== July 3 2023 - Aug 18 2023 ==

Recreational group

- July4-7 16:00-17:00 \$60
- July10-14 16:00-17:00 \$75
- July17-21 16:00-17:00 \$75
- Aug14-18 16:00-17:00 \$75

- Camper Only (Up to 5 Days) \$12.45
- Recreational Program Fee with Insurance 2023/2024 \$35.60

Location ::Longfields-Davidson Heights Secondary School 168 gym

\$ Amount enclosed: _____

EMT to barrhavenrgclub@gmail.com

Application

Gymnast's name _____

Birth Date _____ YYYY _____ MM _____ DD Parent Name _____

Address _____ City _____ Post Code _____/_____

Home Phone() _____ — _____ Cell Phone () _____ — _____

Emergency Contact(Name&Phone number) _____

Email Address(please print) _____

_____ Is your child taking any medications? If so, list them here: _____

_____ Does your child have any allergies to food and/or drugs? If so, list them here;

_____ Has your child had any illnesses (疾病) in the last two years? If so, list them here;

_____ Has your child ever had any surgery (手术)? If so, list them here:

Has your child ever had any problems with heart (stroke (中风), exhaustion (衰竭), etc.)?

 Is your child prone to have frequent nausea (恶心) and/or vomiting (呕吐)?

 Does your child have hemophilia (血友病) or a bleeding disorder (出血性疾病)?
 Does your child have diabetes (糖尿病)?
 Does your child have anemia (贫血)?
 Has your child ever been advised by a medical doctor not to participate in athletic activity?

 The others _____

Gymnasts should attend the classes on time. There are no refunds or reductions in fees for days missed due to illness, absence, vacations, change in family circumstance during training sessions, suspension or dismissal.

Training Requirements

- ✧ Mandatory to do up gymnast's hair before the beginning of the class. Please wear tights and toe shoes.
- ✧ Gymnasts must obey training disciplines during the training class.

Waiver Form

Permission to Participate:

I, as the parent or legal guardian of the child named above, confirm that this child is a minor pursuant to the Age of Majority and Accountability Act, and provide permission for him/her to participate in the Rhythmic Gymnastics Class noted above.

Assumption of Risk and Waiver of Liability:

I fully understand that Rhythmic Gymnastics Class for which I enrolled my child may involve personal risk, dangers, and hazards which all participants are required to assume including but not limited to some risk of personal injury caused by physical activity or other participants. Understanding this, I hereby accept on behalf of my child all risks, dangers, and hazards as well as the possibility of personal injury or other loss resulting from my child's participation in this Rhythmic Gymnastics Class.

I agree to release, waive, and discharge the Barrhaven Rhythmic Gymnastics Club(BRGC)/TTVG/OCSB/OCDSB/CEPEO and its employees, officials, agents, and volunteers from all liability to me, and to my child, and to my heirs, executors and administrators, that we have, or may have in the future, for all loss or damage and from any claims or demands for such loss or damage on account of personal illness, injury, and damage including death or property loss, however caused, as a result of my child's participation in Rhythmic Gymnastics Class.

Indemnification:

I hereby agree to indemnify and save harmless BRGC/TTVG/OCSB/OCDSB/CEPEO and its employees, officials, agents, and volunteers from any and all liability for any property damage or personal injury to any third party resulting from my child's participation in Rhythmic Gymnastics Class. By signing below, I agree with the terms of the permission to participate, the assumption of risk, the waiver of liability, and the indemnification set out above.

I give permission to BRGC/TTVG/OCSB/OCDSB/CEPEO to use photos taken of my child making activities with BRGC/TTVG/OCSB/OCDSB/CEPEO AND/OR photos of my child's performance created at BRGC/TTVG/OCSB/OCDSB/CEPEO to be used in marketing BRGC/TTVG/OCSB/OCDSB/CEPEO programs.

Parent/Legal Guardian - Print Your Name

Parent/Legal Guardian - Sign Your Name

Date