



MITCHELL GYMNASTICS & School of Dance

214 Cooper Street P. O. Box 192, Mitchell, Ontario, N0K 1N0

Fax 519 348-0244 HST#843196882RT0001 Info: www.mitchellgymnastics.ca Email: m.chessell@ezlink.ca

NOTE: No parent viewing area ... Parent waiting room available



REGISTRATION GYMNASTICS 2019

Session #1 SEPT. 3rd – DEC. 21st, 2019

****PLEASE CHECK AVAILABILITY BEFORE REGISTERING****

Session #2 JAN. - MAY, 2020

All items in this section are mandatory PRINT CLEARLY ** 1 form per gymnast

Email Mandatory:

Gymnast: _____ Age: _____

Address: _____ P. O. Box# _____

Town/City: _____ Postal Code: _____ Birth Date: _____

Parents: _____ Contact/Cell # _____

PRINT CLEARLY- ALL class correspondence is done by email please use one that you read regularly

PLEASE CHOOSE A FIRST (#1) AND SECOND (#2) CLASS AND NIGHT CHOICE -

SPOTS ARE: 'FIRST COME BASIS WITH PAYMENT' -- CONFIRMATIONS SENT OUT BY EMAIL LATE AUGUST 2019

Class days and times subject to change based on registration numbers

Classes FALL 2019	Monday pm	Tuesday pm	Wednesday pm	Thursday pm	Saturday am
Parents & Tots \$110	___ 5:15 - 6:00				___ 9:30 - 10:15
Kinder gym \$210 (3-4 yr olds)	___ 5:15 - 6:00		___ 5:15 - 6:00	___ 5:15 - 6:00	___ 9:30 - 10:15
Beginner \$250 (5-6 yr olds)	___ 6:00 - 7:00	___ 5:00 - 6:00 ___ 6:00 - 7:00		___ 6:00 - 7:00	___ 10:15 - 11:15
Junior \$260 (7-9 yr olds)	___ 6:00 - 7:00	___ 5:00 - 6:00 ___ 6:00 - 7:00	___ 6:00 - 7:00	___ 5:00 - 6:00	___ 10:15 - 11:15
Intermediate \$260 (10-13 yr olds)			___ 5:00 - 6:00 ___ 6:00 - 7:00		
Gym Teams \$270 1 ½ hr classes	COMP TEAM CONDITIONING 7:00 - 8:30	Returning Intermediate ___ 7:00 - 8:30	*COMP TEAM (\$350/yr.) <i>assigned by Jen only</i> 7:00 - 8:00	Returning Junior ___ 6:00 - 7:30 Returning Inter. ___ 7:30 - 9:00	Returning Gym Team ___ 11:15 - 12:45
SENIORS \$260			___ 8:00 - 9:00		

Second Night per session: please check here with day & time choice at \$180 _____

Discounts: Family: 2+ Gymnasts \$10 per child per session

\$25.00 Discount off Second Session prepayment MUST BE attached to Session #1 registration

No insurance coverage until full payment received ALL FEES INCLUDE INSURANCE & HST

**Comp. Team is assigned only by Jen - Comp Team must be registered for a gym team class as well per session*

Payment MUST be attached to REGISTRATION: cheque cash

Cash or Cheques only: Payable to MITCHELL GYMNASTICS PER GYMNAST **DATED SEPTEMBER 1 2019**

***** Please keep a copy - as your only tax receipt ***** Payment received *Michelle Chessell*

PLEASE DO NOT MAIL REGISTRATIONS

2.

PARTICIPANT INFORMATION CARD

Mitchell Gymnastics & School of Dance, Mitchell, Ontario

RETURNING GYMNASTS: *Please initial here only if no medical concerns* _____

IF MEDICAL CONCERNS OR ISSUES PLEASE OUTLINE BELOW AS A REMINDER

NEW GYMNASTS please fill out this information in full for each gymnast for insurance purposes.
(Please note that this information is confidential and not available to unauthorized individuals)

Name: _____ Date of Birth: _____

Emergency contact: _____ Phone: _____

Medications: _____

Allergies: _____

Previous injuries: _____

Does the gymnast carry and know how to administer their medications? Yes _____ No _____

Other important information/conditions:

AWARENESS & ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, property damage, expense and related loss, including loss of income, included in these risks is negligence on the part of Mitchell Gymnastics & School of Dance, its directors, volunteers, other participants and staff members (referred to as Mitchell Gymnastics and Others). I freely accept and fully assume all such risks.

I acknowledge that pictures may be taken from time to time of the gymnasts to be used in recitals and on the website and agree to same. Initial here: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

I AGREE:

- To waive any and all claims that I may have in future against Mitchell Gymnastics & School of Dance and others
- To release Mitchell Gymnastics and others from any and all liability for any of the above listed risks that I or my next of kin may suffer as a result of my participation on this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
- To hold harmless and indemnify the Mitchell Gymnastics 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.
- That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THE POSTED POLICIES AND PROCEDURES. I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST MITCHELL GYMNASTICS& SCHOOL OF DANCE AND OTHERS.

PARENT/GUARDIAN SIGNATURE

DATE

SIGNING THIS ACKNOWLEDGES THE APPLICANTS GUARDIAN/PARENT HAS REVIEWED A COPY OF THIS WAIVER
Mitchell Gymnastics & School of Dance
Mitchell, Ontario 2019