



# MITCHELL GYMNASTICS

214 COOPER STREET P.O. Box 192,  
Mitchell, Ontario, N0K 1N0 Phone/Fax 519 348-0244



Info: [www.mitchellgymnastics.ca](http://www.mitchellgymnastics.ca)

Email Registrations: [m.chessell@ezlink.ca](mailto:m.chessell@ezlink.ca)

No parent viewing area – parent waiting area

## 7 WEEK MINI SESSION REGISTRATION MONDAYS only \*\*May 13<sup>th</sup> – June 24<sup>th</sup>, 2019\*\* All items in this section are mandatory PRINT CLEARLY one per gymnast

RETURNING GYMNAST       NEW GYMNAST

Gymnast: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ P. O. Box#: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parents: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Emergency contact and phone#: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**PRINT CLEARLY ALL class correspondence are done by email use one that you read regularly**

### 7 WEEK MINI SESSION MAY 13<sup>TH</sup> TO JUNE 24<sup>TH</sup>, 2019 MONDAY EVENINGS ONLY

- Kinder Gym 3 - 4 yrs. 5:15 – 6:00 pm (\$125.00) \_\_\_\_\_
  - Beginner 5 – 6 yrs. 5:15 – 6:15 pm (\$130.00) \_\_\_\_\_
  - Junior 7 – 9 yrs. 6:15 – 7:15 pm (\$130.00) \_\_\_\_\_
  - Intermediate 10 – 13 yrs. 7:15 – 8:15 pm (\$130.00) \_\_\_\_\_
  - Senior 13+ yrs. 8:00 – 9:00 pm (\$130.00) \_\_\_\_\_
- (times are an estimate depending on registration numbers)

NOTE: HOLIDAY MONDAY MAY 20th classes will be: TUESDAY MAY 22st at REGULAR CLASS TIMES

#### **PAYMENT MUST ACCOMPANY REGISTRATION TO HOLD SPOT**

Payment Received \$ \_\_\_\_\_ (HST # 843196882RT0001)

**\*\*\* Please keep a copy of registration form as this is your only receipt \*\*\***

*Michelle Chessell*

2.

**PARTICIPANT INFORMATION CARD**

For Mitchell Gymnastics and School of Dance, Mitchell, Ontario

NEW Gymnast please fill out the 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: \_\_\_\_\_

**RETURNING GYMNAST: Please initial here only if no Medical Issues** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative 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 & School of Dance 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. \_\_\_\_\_

**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 the Mitchell Gymnastics & School of Dance 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 & School of Dance 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