



# MITCHELL GYMNASTICS

214 COOPER STREET (GEORGINA)  
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)

CLASSES HELD AT THE MITCHELL GYMNASTICS CLUB No parent viewing area

## 2019 SUMMER CAMP REGISTRATION GYMNASTICS

(Maximum children: AM camp - 16 gymnasts and PM camp - 25 gymnasts)

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

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

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

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

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

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

Cell Phone: \_\_\_\_\_

**Email Mandatory:** \_\_\_\_\_

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

**Summer Camp July 8<sup>th</sup> – 12<sup>th</sup> 2019 -- 1 week 1/2 day \$130.00/week**

**Morning only 8:30 am – 12:30 pm 4-6 yrs \_\_\_\_\_**

**Afternoon only 1:00 – 5:00 pm 7-13 yrs \_\_\_\_\_**

**Payment \$ \_\_\_\_\_**

**\*\*\* Please keep this – it is your tax receipt \*\*\***

**HST#843196882RT0001**

**Payment Received: *Michelle Chessell***

2.

**PARTICIPANT INFORMATION CARD**

For Mitchell Gymnastics & School of Dance, Mitchell, Ontario

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: \_\_\_\_\_

**RETURNING Gymnasts: Please initial here only if no changes since last year** \_\_\_\_\_ **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 dancers 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