



**Gymnastics BC**  
Helping you move through life



**Celestina Popa Gymnastics Inc.**

Unit A, 20120 115A Ave.

Maple Ridge, BC, V2X 0Z4

604-459-4458

www.celestinapopagymnastics.com

September 2010-August 2011

## Athlete Registration Form

The following information is collected by Gymnastics BC for its own use and must be completed to be properly registered.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate (YY/MM/DD) Age \_\_\_\_ Male/Female Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

The following information will be used in case of emergency:

Care Card Number \_\_\_\_\_ Medical condition/Allergies \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

I have read the minor release statement/adult waiver and I agree with the terms.

\_\_\_\_\_  
Signature Parent/Guardian(if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office staff

Please read carefully:

### Assumption and Acknowledgement of Risks for Minors

RE: Use of premises and Equipment of the club named on this form  
TO: the above club, operating as the club named on this form[referred to this document as the club named]and Gymnastics BC, and the directors, officers Employees, representative, officials, landlord and agents of both organizations [collectively referred to in this document as the "AGENTS"]

1. I have read the guidelines and rules issued for the use of club named premises and equipment, which I understand ,and agree to be bound by them. I farther agree to acknowledge that; the rules and guidelines governing the use of the premises and equipment are solely for that purpose, that is, the use of gymnastics activities, and it remains my sole responsibility to act and govern myself in such a manner as to responsible for my own safety.

2. I am aware of the risks inherent in participating in gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risk and waive notice of all conditions, dangers or otherwise relating to or arising out of such use.

### General Gym Rules

- Do gymnastics safely
- Get your coach permission before getting on equipment
- Get your couch permission before attempting new moves
- Walk from place to place
- Watch where you walk
- If you leave the class, tell your coach.

### Adult release form

RE: Use of premises and Equipment of the club named on this form  
TO: the above club, operating as the club named on this form[referred To this document as the club named]and Gymnastics BC, and the directors, officers Employees, representative, officials, landlord and agents of both organizations [collectively referred to in this document as the "AGENTS"] In consideration of your acceptance of my being permitted to use the premises and equipment and/or any activity associated therewith, I agree to RELEASE ,SAVE HARMLESS AND INDEMNIFY the club Named and/or its AGENTS from and against any claims, actions, cost and expenses and demands in respect to death, injury, loss or damage to my person or property wheresoever's and howsoever caused, arising out of ,or in connection with my use of the premises and equipment notwithstanding That the same may have been contributed to or occasioned by any act or failure to act, including, without limitation, negligence, of the club named and/or any one or more of its Agents. I farther agree and acknowledge; I farther agree to Hold Harmless and Indemnify the club named and its Agents from any and all action, claims, demands, losses ,judgments or costs of any nature to any third party resulting from my use of the premises and equipment herein and I agree not to make any claims or take any proceedings against any other person, society, corporation or other legal entity who might claim contribution indemnity from the club named and/or its Agents in respect of matters which are the subject of this Release.

I agree that this Release shall bind my heirs, executors, administrators and assigns' confirm that I am the full age of nineteen years and I have read this Release and understand it.

FOR OFFICE USE ONLY:

SEMESTER	AMOUNT PAID	CASH/CHEQUE	RECEIPT
FALL			
WINTER			
SPRING			