

RECREATIONAL REGISTRATION FORM



Name of Participant: _____ Gender: _____ DOB: _____
First Initial Last M/F mm/dd/yyyy

MCP: _____ Home Phone Number: _____

Mailing Address: _____
Street #/PO Box # Street Name City/Town Postal Code

Medical & Allergies Section:

Medical (including allergies, recent illness, surgeries, etc), Social, Mental or Physical Conditions or any other pertinent information that for safety reasons should be disclosed. _____

Name of Parent/Guardian: _____ Cell Number: _____ Work Number: _____

Emergency Contact (if we cannot reach parent/guardian): _____
Name Relationship Phone Number

Do you authorize Campia Gymnastics to use your child's picture/video for promotional purposes? Yes No

Do you wish to receive emails regarding current or upcoming classes? Yes No _____

Acknowledgement of Risk and Consent to Participate and Medical Treatment Section:

To: Campia Gymnastics Club and Gymnastics Newfoundland and Labrador(GNL)

I hereby authorize my child's participation in this program. I know of no mental or physical problems that may affect my child's/my ability to participate in this program. I am aware that gymnastics and trampoline activities, by their nature, involve certain elements of risk that involve potential for bodily injury. I acknowledge this element of risk and agree to permit my child/self to participate.

I declare that I have accurately disclosed all information Campia Gymnastics has listed in the Medical Section of the form and will ensure that Campia Gymnastics is kept informed of any new conditions that may affect the safety of the participant.

Should my child/self require any emergency medical treatment, and neither I nor another legal guardian of the above noted minor child are present, I hereby consent to an authorized representative of Campia Gymnastics or GNL authorizing any necessary emergency medical treatment.

Dated at the Campia Gymnastics Club, facility of Mt. Pearl, in the province of Newfoundland & Labrador, this

_____ day of _____ 20_____. _____
Signature of Parent/Guardian

OFFICE USE ONLY:

Fall Session	Winter Session	Spring Session	Summer Session
Day _____	Day _____	Day _____	Day _____
Time _____	Time _____	Time _____	Time _____
Program _____	Program _____	Program _____	Program _____
Payment _____	Payment _____	Payment _____	Payment _____

