RECREATIONAL REGISTRATION FORM

Adult Participation Form – Tall & Small

Adult's Name: _____ MCP # : _____
First Initial Last

Child's Name: _____ Class Time: _____
First Initial Last

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. _____

_____

Do you authorize Campia Gymnastics to use your 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 participation in this program. I know of no mental or physical problems that may affect my 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 myself 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 I require any emergency medical treatment, 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 _____
Payment _____	Payment _____	Payment _____	Payment _____