



Personal Information

FIRST NAME

LAST NAME

Date of Birth: DD/MM/YYYY

Address: Number/Street City Postal Code

Home Phone: () Email:

Contact Information

Father's Name: FIRST LAST Email:

Work Phone: () Cell Phone: ()

Mother's Name: FIRST LAST Email:

Work Phone: () Cell Phone: ()

Emergency Contact Information

Name: Phone: ()

Relationship to Child:

Medical Information

Health Card#: Allergies/Medications NO YES

If yes, please list:

TERMS AND CONDITIONS: By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this form is physically fit to participate in rhythmic gymnastics and any other programs provided by Glimmer Athletic Club Inc. Glimmer Athletic Club Inc. will provide every safeguard for the health and welfare of each participant but Glimmer Athletic Club Inc., its coaches, directors, officers and members will be released from all actions, costs, expenses, demands, damages and claims whatsoever arising out of participation of the person so named in the program stated above on this form. I hereby give permission to Glimmer Athletic Club Inc. and its partners to photograph, videotape, film and audio-tape my child and that these materials, occasionally with gymnast's name, may be published in media, used in Internet, club website and social media channels for documentation and club promotion purposes. I also give my consent to receive from Glimmer Athletic Club Inc., its partners and sponsors, electronic messages, including advertising and club promotions. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in the suspension or termination of membership.

Signature: Date: Parent / Guardian/Gymnast (if over 18 years old)