



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: _____ Email: _____
FIRST LAST

Work Phone: () _____ Cell Phone: () _____

Mother's Name: _____ Email: _____
FIRST LAST

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)