



The Corporation of the Township of  
**NORTH KAWARTHA**  
 Summer 2018 Gymnastics Registration Form

P.O. Box 550, 280 Burleigh Street  
 Apsley, Ontario K0L 1A0  
 (705) 656-4445  
 Fax: (705) 656-4446  
 Toll Free: 1-800-755-6931  
 www.northkawartha.on.ca

Name of Participant:	Date of Birth: dd/mm/yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:
Name of Parent/Guardian:	Home Phone: (    )    -	Cell Phone: (    )    -
E-mail address:	Emergency Contact Name:	Emerg. Contact Phone: (    )    -
Allergies/Medical Conditions (if yes, please specify): <input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Classes:</b> Wednesdays July 11 to August 29, 2018				Fee Calculation (All Fees Include HST)
<b>Exceptions:</b> Rehearsal - Monday, August 27th 5:00 pm to 7:00 pm				
<b>Show:</b> Wednesday, August 29th 4:00 pm to 5:30 pm				
<b>Junior</b>	Wednesdays 3:30 to 4:00 pm	Ages 5 and under	<input type="checkbox"/> \$40	
<b>Intermediate</b>	Wednesdays 4:00 to 5:00 pm	Ages 6 and up	<input type="checkbox"/> \$80	
<b>Advanced</b>	Wednesdays 5:00 to 6:00 pm	Based on ability, to age 16	<input type="checkbox"/> \$80	
Payment Rec'd:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Debit    _____ Staff	<b>TOTAL:</b>	

### Gymnastics Waiver

Acknowledging that Gymnastics can be a dangerous sport, and IN CONSIDERATION of the acceptance of my application and the permission to participate as a student in the NORTH KAWARTHA GYMNASTICS PROGRAM, I, for my self, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
 If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Sports Program.

#### PHOTO WAIVER

I, \_\_\_\_\_, hereby give permission for the Township of North Kawartha to use any photos taken of my child during this event in publications, Township website and/or Social Media applications.

\_\_\_\_\_  
 Signature of Parent/Guardian