

Student Information

1) **Name:** _____ Sex ___ Age ___ DOB ___/___/___ Home (___) _____
 2) **Name:** _____ Sex ___ Age ___ DOB ___/___/___ Home (___) _____
 Alt Emergency Number (___) _____
 Address _____ City _____ Postal _____
 Email Address _____
 Medical conditions or allergies to which we should be alerted: _____
 Mom's Name _____ Phone: _____
 Dad's Name _____ Phone: _____
 How did you learn about GiantGymnastics? _____

Photos may be taken of students. May we use such photos in publications without compensation to you?
 Yes No

Class Information

1) Program: _____ Age: _____ Level: _____ Day: _____ Time _____
 2) Program: _____ Age: _____ Level: _____ Day: _____ Time: _____
 Register me for Term 1 Term 2 Term 3 Term 4 Sports Camp

Payment Information

Annual Membership Fee \$ _____
 Tuition (Full payment required) \$ _____
 Discount if applicable 5% 10% 15% 25% \$ _____
 TOTAL ENCLOSED (payment by cheque is preferred) \$ _____
 Master Card Name on credit card: _____
 Visa Card Number: _____
 Debit Signature: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT. By signing this document you will waive certain legal rights, including the right to sue. **PLEASE READ CAREFULLY Awareness and Assumption of Risk.** - I am aware that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but are not limited to gymnastics, tumbling, trampoline, , dance, cheerleading and swimming. In addition I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being full aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Thunder Bay Giant Gymnastics Programs, including Tumbling, Cheertastics , Trampoline and activities and **I ACCEPT ALL RISKS** associated with this participation.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT- In consideration of Thunder Bay Giant Gymnastics Inc. accepting application to participate in this activity, I agree to waive any and all claims that I may have in future against Thunder Bay Giant Gymnastics Inc. and others. I agree to release Thunder Bay Giant Gymnastics Inc and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care. I agree to hold harmless and indemnify Thunder Bay Giant Gymnastics Inc and others from any and all liability for any damage to property of, my or personal injury to, any third party, resulting from my participation in this activity. I agree that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns. **I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THUNDER BAY GIANT GYMNASTICS INC AND OTHERS.**

Signed this _____ day of _____, 200__.

 Witness

 Signature of Applicant

 Please Print Name Clearly

 Please Print Name Clearly