



Gymnastics Registration and Informed Consent 2024

PERSONAL INFORMATION

Child's Name:	Age:	Birthdate:
Address:		

Parent/Guardian:	Parent/Guardian:
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:
Email:	Email:

Child's Care Card #:	
Child's Doctor:	Doctor's Phone #:

EMERGENCY CONTACTS

# 1	Ph. #	Alt. Ph. #:
# 2	Ph. #	Alt. Ph. #:

HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs? Check appropriate boxes.

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Behavioural Concerns | <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional/Psychological |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Allergies | <input type="checkbox"/> Intellectual (Mental) | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Physical | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Learning | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Medical or Health Conditions/Restrictions | | |
| <input type="checkbox"/> Other: _____ | | | |

Explain further what any health/special considerations are?	
How can our staff better meet your child's needs?	
Has your child suffered from any previous injuries that the instructor needs to be aware of?	

GENERAL SAFETY RULES

- Get your coach's permission before getting on equipment
- Get your coach's permission before attempting new moves
- Get your coach's permission before leaving the class
- Please walk; don't run

PARENTS

- Please keep your child at home to rest if they are coughing or sneezing
- Please wait outside the gym during classes to avoid distraction and to encourage more attention and focus

CONSENT

Please **INITIAL** each box and sign below to indicate you **UNDERSTAND** and **CONSENT TO** the following:

		Initial
EMERGENCIES	I CONSENT to a staff member of "the Local Governments" calling Emergency Services for my child in the case of an accident or illness if I cannot be immediately reached.	
PHOTOS	I give "the Local Governments" the right and permission to utilize photographs taken of my child during the program for promotional materials (posters, website, social media).	
COVID-19	I understand that while the CVRD is taking measures to lower the risk of the spread of COVID-19 (Coronavirus), it doesn't guarantee its ability to do so.	

By signing below I agree:

I have read and understood all of the information in Consent Section above.

I release and hold harmless "the Local Governments," their officers, agents, and employees, including Parks and Recreation staff and volunteers, from any liability for any injury or damage that my child or I may sustain connected with participation in program activities.

Signature of Parent/Guardian: _____

Date: _____