



Recreational & Special Needs Participant Consent and Medical Data Record

Note: If the requested information is not provided. The applicant will not be permitted to participate in the activity.



Last Name: _____ First Name: _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Age: _____ Sex: _____

Address(Street #, Box #, Apt #) _____

City: _____ Postal Code: _____

Telephone # Home: _____ Cell: _____

Were you a former member: YES / NO if yes, level you achieved: _____

If no, how did you hear about us? _____ E-mail: _____

(E-mail will be used for your payment receipt and current club information)

Name of parent/ guardian if under 19 years of age: _____

Relationship: _____

Does the participant have any physical, mental or medical conditions for safety reasons, should be disclosed?

(EPI-Pen, allergies, previous injuries requiring ongoing medical attention, physical limitations)

Parent/ Guardian consent of participant and waiver

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 information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant. I acknowledge that this information may be used for the Blenheim Kent Golden Eagles Gymnastics Club/ Gymnastics Ontario's use in the delivery of a gymnastic program. I acknowledge that there is a potential risk for injury involved in training and participating in any sport. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that the Blenheim Kent Golden Eagles Gymnastics Club has established rules for participation regarding the gymnastics area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of the Blenheim Kent Golden Eagles Gymnastics Club and Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to the participation in gymnastics or other involvement with the Federation.

Image Release

I authorize the use of personal information and image on Blenheim Gymnastics, Gymnastics Ontario and Gymnastics Canada Media, including newsletter, website, poster, brochure, video, and sponsorship packages.

Consent for emergency medical treatment

I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her personal coach/gym manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of a problem; treatment required and anticipated medical results.

I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY

Signature: _____

Date: _____

In the case of an emergency, please contact one of the following individuals (please list parents as one contact unless they live apart)

Contact name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

