

# ORTONA GYMNASTICS CLUB

8755 – 50 Avenue  
Phone: (780) 466-3547

Edmonton, Alberta  
Fax: (780) 465-8973

T6E 5H4  
[www.ortonagymnastics.com](http://www.ortonagymnastics.com)

## REGISTRATION FORM

Child's Last Name: \_\_\_\_\_

Child's First Name: (1) \_\_\_\_\_ Birthday: (1) \_\_\_\_\_  Male  Female

(2) \_\_\_\_\_ Birthday: (2) \_\_\_\_\_  Male  Female

(3) \_\_\_\_\_ Birthday: (3) \_\_\_\_\_  Male  Female

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Do you want to receive email from us?  Yes  No

Alberta Health Care #

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical History (Please indicate anything that may affect the child's participation in our program):

\_\_\_\_\_  
\_\_\_\_\_

Level of Gymnastics: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Day and Time Requested: (1) \_\_\_\_\_ Second Choice: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (3) \_\_\_\_\_

You will be notified if you do not get the requested time. If unsure of preschool level or badge level notify office at time of registration.

Price \$ \_\_\_\_\_

Fee: \$23.00 per Member (Valid July 1, 2008 – June 30, 2009)

Total: \$ \_\_\_\_\_

Type of Payment: Cheque  Cash  Debit  VISA  MasterCard

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Registration Confirmation: Mail  Email  \_\_\_\_\_

Personal Information collected from you is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used to administer program registrations and membership management. In order to better provide you with our services, we will from time to time, share information with AGF (Alberta Gymnastics Federation) and Gymnastics Canada who perform services on our behalf. We never sell, lease or trade information about you or your accounts to other parties, unless you authorize us to do so, or unless required or permitted by privacy legislation.

Please See Over

→

Last Name \_\_\_\_\_

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## RELEASE AND WAIVER OF LIABILITY

In consideration of the use of the facility and participation in programs of Ortona Gymnastics Club, I acknowledge the following:

Ortona uses an array of gymnastics equipment including: bars, balance beams, trampolines, vaulting horses, pommel horse, still-rings, beat boards, springboards, slides, tunnels, ladders, trestles, and other various gymnastics equipment. Ortona also uses a wide variety of sports and sports-related equipment including: balls, bean bags, balloons, hula hoops, skipping ropes, ribbons, etc.

Ortona Gymnastics is not responsible for persons not participating in its programs, this includes the participants parents or guardians, siblings, friends or other family members. Programs may be conducted indoor and outdoor using the above mentioned equipment. Summer camp programs may include hiking, cycling, rollerblading and other outdoor activities.

Intending to be legally bound, I have read this RELEASE AND WAIVER OF LIABILITY and fully understand this document.

I, the undersigned, being the parent/guardian of \_\_\_\_\_ do hereby  
Name of Participating Child  
grant permission for the said child to participate in gymnastics activities under the general supervision of Ortona Gymnastics Club, its directors, and instructors. In case of any accident to the said child, I hereby release Ortona Gymnastics Club, its directors or instructors from any responsibility for recovery of loss or damage resulting in therefrom.

## IMPORTANT MEDICAL INFORMATION

Alberta Health Care #

(Child 1) \_\_\_\_\_ (Child 2) \_\_\_\_\_ (Child 3) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical History (Please indicate anything that may affect the child's participation in our program):

\_\_\_\_\_  
\_\_\_\_\_

**Do you authorize Ortona Gymnastics to use your child's picture for promotional purposes?**  
 Yes  No

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Parent/Guardian Signature: \_\_\_\_\_