

**MARKHAM GYMNASTICS CLUB
Recreational Club Registration Form**

Last Name: _____

First Name: _____

Address: _____
Street Name and Number Apt. City Postal Code

Birth Date: _____ Age: _____ Sex (M or F): _____
Day Month Year

Parents' Names: _____

Telephone: (home) _____ (work) _____ (cell) _____

Medical Information: _____

Requested Class: Day _____ Time _____

Note: Should you cancel a program, written notification must be given to our office. There will be a one month cancellation fee. Any refund will be determined by our date of receipt of cancellation, not necessarily the last class attended. No refunds after April 1st.

For office use only:

Cheque No.	Cheque Date	Cheque Name	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children's Fitness Tax Receipt

Markham Gymnastics Club
60 Riviera Drive
Markham, ON
L2R 5M1

Date: _____

Family Name: _____

Children's Names and Birthdates: _____

Amt. Pd. (2016): _____ Tax Credit: _____

Note: Tax Credit max. \$1000.00 per child.

Amt. Pd. (2017): _____ Tax Credit: _____

Club Rep. _____

MARKHAM GYMNASTICS CLUB

60 RIVIERA DRIVE, UNIT #9, Markham, Ontario L3R 5M1

Telephone: 905-475-0364

Parent/Guardian Consent of Participation, and Waiver

I am aware that gymnastics, trampoline, cheerleading, fitness, dance and similar activities involve risk of injury, including serious injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of the club, its directors, officers, officials, coaches, volunteers, and all others related to its management and operation, including the property owner and management. These risks extend to the parking lot, entrance, viewing area, change rooms, washrooms, offices, and gymnasium and storage areas of the Markham Gymnastics Club. I accept and fully assume all such risks on behalf of myself and my family.

In consideration of accepting my child to participate with the Markham Gymnastics Club, I agree to waive any and all claims that I may have in the future against the Markham Gymnastics Club and others. I release Markham Gymnastics Club 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 any activity at Markham Gymnastics Club, due to any cause whatsoever, including negligence, breach of contract of any statutory duty of care.

I agree to hold harmless and indemnify the Markham Gymnastics Club and others from any and all damage to property of, or personal injury to any third party, resulting from participation in this activity. This agreement is binding on me and 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 the Markham Gymnastics Club and others, including its directors, officers, officials, coaches, volunteers and all others related to its management and operation.

Signed this _____ day of _____, 20____.

Parent/Guardian Signature: _____

Print name of Parent/Guardian: _____

Witness to signature: _____

All cancellations must be given in writing. Club Program: 1 month cancellation penalty, no refunds after Feb. 1. 9-week Program: no refund after the second class, 10% cancellation fee will apply.