



HAMILTON MOUNTAIN GYMNASTICS CENTRE

Hamilton Gymstars Gymnastics Inc. ★ Hamilton Mountain Gym Elite Gymnastics Inc.

HAMILTON MOUNTAIN GYMNASTICS CENTRE

2009 SUMMER GYMNASTICS CLASSES

CLASSES for boys and girls 16 months to 4 years old:

Session "A" (Mon./Wed.) July 27, 29 Aug .5, 10, 12, 17, 19. No class Aug. 3

Fee: \$ 145.00 ("A" session)

Session "B" (Tues./Thurs) July 28, 30 Aug. 4, 6, 11, 13, 18, 20

Fee: \$ 155.00 ("B" session)

The registration form for summer classes follows this page.

Classes begin at 9am or 10:00 am and run 60 minutes. There will be no make-ups for missed classes.

No cancellations 6 days prior to start of session except with doctors note. Different age category classes will run simultaneously provided enough registrations.

We reserve the right to cancel classes for insufficient registrations. At that time, we will contact you and ask if you could choose a different time/day or a full refund will be provided.

Toddler Class: 16 months to 3 years old (Co-ed class: parents must be present in the class).

Junior Class: 3 to 4 years old (Co-ed class: parents must watch from the side).

Children must wear shorts and t-shirt or gym suit/one piece bathing suit, bare feet and hair tied back.

The above programs do not qualify for the Child's fitness tax credit.



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★ 2009 GYMSTARS **SUMMER** REGISTRATION FORM ★

PLEASE PRINT

Child's Last Name: _____ Female Male

Child's First Name: _____ Birthdate: _____ / _____ / _____

Address: _____ Year Month Day

City: _____ Postal Code: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Are there any medical conditions or allergies that the club should know about? YES NO

Please specify: _____

Emergency Contact (Other than home/cell phone numbers):

Contact Name: _____ Phone Number: _____

PLEASE CIRCLE					PLEASE CIRCLE	
FULL DAY CAMP			HALF DAY CAMP		SUMMER SESSION	
Week 1	Week 2	Week 3	Week 4	CHOOSE-A-DAY		
Days/Times Required for Supervision:				Please print camp dates:		
AM: MON	TUES	WED	THUR	FRI	_____	
PM: MON	TUES	WED	THUR	FRI	_____	
<input type="checkbox"/> No Supervision Required					_____	
Fee: \$ _____ + Supervision \$ _____ = TOTAL _____					Age: _____	
					Program: _____	
					Fee: _____	

			Card Number: _____	Expiry Date: _____
Name of Cardholder: _____			Signature: _____	
Other Payment Method: _____				

THIS FORM HAS TWO PAGES. PLEASE READ AND SIGN PAGE 2 AS BOTH PAGES MUST BE SUBMITTED AT TIME OF REGISTRATION.



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PARENT/GUARDIAN CONSENT OF PARTICIPATION 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 and acknowledge that this information may be used by the Club/Gymnastics Ontario in the delivery of a gymnastics program. I acknowledge that there is a potential risk of injury involved in training and competing in any sport. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and the Hamilton Gymstars Gymnastics Inc. has established rules for participation on and about 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 Club and/or Gymnastics Ontario may result in 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 participation in gymnastics or other involvement with the Club or Federation.

PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT (PIPEDA) RELEASE

On this form, you may be asked to provide information that personally identifies you and/or your child and all us to contact you. Through your completion of this form, Gymnastics Ontario and the Hamilton Mountain Gymnastics Center, Hamilton Gymstars Gymnastics and Hamilton Mountain Gym Elite Gymnastics may also collect certain information, such as your address, phone and e-mail address to share with other Gymnastics Ontario member clubs and the general public both on our website and in hard copy. This information will be used only to ensure proper operation and to maintain quality of service.

Gymnastics Ontario, Hamilton Mountain Gymnastics Centre, Hamilton Gymstars Gymnastics and Hamilton Mountain Gym Elite Gymnastics will not share any personal information with third parties without your permission, other than if required to do so by law, or in a good faith belief that such disclosure is necessary to either comply with the law, prepare and defend the rights or property of Gymnastics Ontario, or to protect a user of our Web Site. Hamilton Mountain Gymnastics Center, Hamilton Gymstars Gymnastics and Hamilton Mountain Gym Elite Gymnastics are responsible for the personal information you provide to us. We will ensure that all personal information is handled in a confidential manner and all reasonable precautions are take to avoid loss, theft or unauthorized access, disclosure, copying, use of modification.

GYMNASTICS ONTARIO IMAGE RELEASE FORM

Participants at any event in which Gymnastics Ontario is involved may have their image, likeness, name, (excluding personal address, phone, fax number, and/or email address), club, province, city/town, as well as rank within Canada and previous performing, competitive, judging choreographing or coaching history used in publications and on the internet by Gymnastics Ontario as well as its agents and sponsors from time to time. When signing this form, gymnasts, volunteers, coaches, judges and, in the case of minors, their parent/ guardian, agree that they have the authority to provide this authorization/approval to Gymnastics Ontario and its agents, and sanctioned organizing committees. A facsimile, a scanned and emailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

I have read the Club Policies, and the releases outlined on this document, and agree to be bound by them. I allow the use of personal information as outlined above, and image on Gymnastics Ontario and Gymnastics Canada Media, including news release, newsletter, website, poster, brochure, video, sponsorship packages.

Gymnast's Name: _____ Date: _____ Phone Number: _____

Name of Parent/Guardian of participant
if the participant is under 18 years of age: _____

Signature of Parent/Guardian of participant
if the participant is under 18 years of age: _____