



WINNIPEG GYMNASTICS CENTRE ACTIVITY REGISTRATION

#3-1249 Clarence Ave. Winnipeg, MB. R3T 1T4

Phone: 475-9872 Fax: 453-4866

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PARTICIPANT INFORMATION (Please Print)

PROGRAM NAME: _____

Family Name: _____

Given Name: _____

Address: _____

Gender: (circle one) Male / Female

Birth date: (MM-DD-YYYY) _____

Father's name: _____

Mother's name: _____

Class Day: _____ Time: _____

_____ Time: _____

_____ Time: _____

_____ Time: _____

Postal Code: _____ Home Ph #: _____

Father's Email: _____

Mother's Email: _____

Work ph# _____ Cell: _____

Work ph# _____ Cell: _____

MEDICAL INFORMATION

MHSC# (6 digit) _____

PHIN (9 digit) _____

Family physician: _____

Telephone #: _____

ANY APPLICABLE MEDICAL CONDITIONS (required medications, physical limitations, etc.):

I, the undersigned, being the parent / guardian of aforementioned participant, do hereby consent for him / her to travel and participate in activities associated with the Winnipeg Gymnastics Centre program. I acknowledge all risks and hazards incidental to such preparation, including transportation to and from activities. I give permission to any Physician / Dentist / Emergency Medical Personnel to render emergency medical, surgical, or dental treatment for the aforementioned participant, as such provider may deem necessary, subject to the following restrictions:

Parent/Guardian Signature: X _____ Print Name: _____ Date: _____

CONSENT TO COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

I, the undersigned, understand that by completing this form, I am agreeing that the Winnipeg Gymnastics Centre may collect and utilize personal information about my child, myself, or other members of my family (including the above medical numbers) for the purposes of registering and participating in the above program. I also understand that this personal information will only be disclosed to the appropriate sport association(s) or sport umbrella group, coach(es), and manager(s) as is reasonably required in order to conduct the Program. I agree that the above medical numbers may be disclosed for the purpose of care as outlined in the above statement. I hereby consent to such collection, use and disclosure of this personal information.

Parent/Guardian Signature: X _____ Print Name: _____ Date: _____

I agree that my / my child's name and picture may be displayed in the Centre and / or printed in written publications, such as the Centre's newsletter or local newspapers.

YES NO (circle one)

→ VOLUNTEER ACTIVITIES

I acknowledge my responsibility to contribute to the operation of Winnipeg Gymnastics Centre and it's activities/programs by agreeing to provide **VOLUNTEER ASSISTANCE** as well as my time when asked by Coaches, Managers, or Executive Members. Please identify the areas of interest to ensure the Winnipeg Gymnastics Centre will continue as a **NON-PROFIT ORGANIZATION**.

Name and Phone # for volunteer contact: _____

Fundraising

Bingo

Cleaning

Board Member

Special Events

TAX RECEIPT

Winnipeg Gymnastics Centre - to complete this section

Registration Fee: \$ _____ Paid by: Cash _____ Cheque # _____ Post-dated _____

Registration recieved by: _____ Date: _____

Any other information : _____

White copy - OFFICE

Yellow copy - PROGRAM

Pink copy - REGISTRANT

Thank-you for your participation and support for Winnipeg Gymnastics Centre!