



# WINNIPEG GYMNASTICS CENTRE

## TRAMPOLINE & TUMBLING RECREATIONAL

### REGISTRATION 2022-2023



102-171 Samborski Drive  
Oak Bluff, MB R4G 0B3  
Phone: (204) 475-9872 Fax: (204) 453-4866  
info@winnipeggymnasticscentre.com  
[www.winnipeggymnasticscentre.com](http://www.winnipeggymnasticscentre.com)

#### CLASS INFORMATION (PLEASE PRINT CLEARLY)

##### Term Classes:

Beginner Day \_\_\_\_\_  
 Intermediate Time \_\_\_\_\_  
 Advanced \*Approval Required

Fall (Sept-Dec)     Winter (Jan-Mar)     Spring (Apr-Jun)

##### Full Year Classes (Sept.-Jun.):

Beginner Day \_\_\_\_\_  
 Intermediate Time \_\_\_\_\_  
 Advanced \*Approval Required

#### PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Birthdate (dd) \_\_\_\_ (mm) \_\_\_\_ (yyyy) \_\_\_\_  
 Gender  Male  Female

Guardian 1 Name \_\_\_\_\_  
 Guardian 1 Relationship \_\_\_\_\_  
 Guardian 1 E-Mail \_\_\_\_\_  
 Guardian 1 Phone # \_\_\_\_\_  
 Guardian 2 Name \_\_\_\_\_  
 Guardian 2 Relationship \_\_\_\_\_  
 Guardian 2 E-Mail \_\_\_\_\_  
 Guardian 2 Phone # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Emergency Contact # \_\_\_\_\_

#### MEDICAL INFORMATION (PLEASE PRINT CLEARLY)

MHSC# (6 digit) \_\_\_\_\_  
 PHIN # (9 digit) \_\_\_\_\_  
 Family Physician \_\_\_\_\_  
 Physician Phone # \_\_\_\_\_

Applicable Medical Conditions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **There are no refunds after the second class of the term (Term classes) or the third class of the year (Yearly classes) – whether we are in a pandemic or not.** Pro-rated refunds will be given upon withdrawal from the program with a Dr.'s note only, a \$45 Admin fee will apply.
- Post-dated cheques are considered installments and will not be returned upon withdrawal from the program once the refund date has passed.
- \$45 + GST MGA Insurance Fee (non-refundable).
- Missed classes due to injury, vacation, or sickness cannot be made up or refunded. Classes will not be pro-rated due to statutory holidays and exclusion dates (see back for exclusion dates). WGC reserves the right to cancel classes due to inclement weather. **Credits will be applied for Public Health Order Mandated Restrictions only. No refunds given. Credits are non-transferable.**
- A \$25 service fee will be charged for all NSF cheques.

#### TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
 MC  Visa  Cheque  Cash  Debit

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
 MC  Visa  Cheque  Cash  Debit

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
 MC  Visa  Cheque  Cash  Debit

# of PD Cheques \_\_\_\_\_ Amount per Cheque \$ \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Expiry Date: \_\_\_\_/\_\_\_\_

i-Class     \$45 (+GST) MGA  
 Class List     MailChimp  
 Waiver     Groups & Attendance



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#### **CONSENT TO MEDICAL TREATMENT**

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:

#### **CONSENT TO COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION**

I, the undersigned, understand that by completing this form, I am agreeing that Winnipeg Gymnastics Centre may collect and utilize personal information about my child, myself, or other members of my family (including the medical numbers) for the purposes of registering and participating in the disclosed 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 disclosed medical numbers may be used for the purpose of care as outlined in the above statement. I hereby consent to such collection, use and disclosure of this personal information.

I agree that my child's name and picture may be displayed in the Centre and/or printed in written publications, or on the Centre's website, Twitter, Instagram, and Facebook page.

Check this box if you wish **NOT** to have your child's name and picture published

I, and my heirs, in consideration of my participation in the sport of gymnastics at Winnipeg Gymnastics Centre hereby release the Winnipeg Gymnastics Centre, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate.

I have read and agree to be bound to WGC's Policy Handbook ([www.winnipeggymnasticscentre.com](http://www.winnipeggymnasticscentre.com)) Initial

I will keep my child home if feeling unwell or sick.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Exclusion Dates:**

- Oct. 10<sup>th</sup>, 2022 – Thanksgiving
- Nov. 11<sup>th</sup>, 2022 – Remembrance Day
- Dec. 2<sup>nd</sup>- 4<sup>th</sup>, 2022 – WGC Host Competition
- Dec. 19<sup>th</sup> – Jan. 1<sup>st</sup>, 2023 – Christmas Break
- Feb. 21<sup>st</sup>, 2023 – Louis Riel Day
- Mar. 27<sup>th</sup> – Apr. 2<sup>nd</sup>, 2023 – Spring Break
- Apr. 7<sup>th</sup>, 2023 – Good Friday
- Apr. 9<sup>th</sup>, 2023 – Easter Sunday
- May 5-6, 2023 – MAG/WAG 5-7 Provincial Championships
- May 22<sup>nd</sup>, 2023 – Victoria Day

**WINNIPEG GYMNASTICS CENTRE**  
**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**  
*(To be executed by Participants **under 18 years old**)*

**WARNING! Please read carefully**  
**By signing this document, you will assume certain risks and responsibilities**

Participant's Name: \_\_\_\_\_

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of **Winnipeg Gymnastics Centre** and Manitoba Gymnastics Association (collectively the "Activities"), the undersigned, being the Participant and the Participant's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the terms outlined in this document.

**Disclaimer**

2. **Winnipeg Gymnastics Centre**, Manitoba Gymnastics Association, and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization") are not responsible for any injury, property damage, death, expense, loss of income, damage or loss of any kind suffered by the Participant during, or as a result of, the Activities.

***We have read and agree to be bound by paragraphs 1 and 2***

**Description and Acknowledgement of Risks**

3. The Parties understand and acknowledge that:
  - a) The Activities have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis, and loss of life.
  - b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
  - c) The Organization has a difficult task to ensure safety and it is not infallible. the Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction; and
  - d) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, participating in the Activities could increase the Participant's risk of contracting COVID-19.
  
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers and hazards include, but are not limited to:
  - a) Contracting COVID-19 or any other contagious disease.
  - b) Privacy breaches, hacking, technology malfunction or damage.
  - c) Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
  - d) Vigorous physical exertion, strenuous cardiovascular workouts, and rapid movements.
  - e) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus.
  - f) Failure to follow instructions or rules.
  - g) Spinal cord injuries which may render the Participant permanently paralyzed.

- h) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the Participant's body or to the Participant's general health and well-being.
- i) Abrasions, sprains, strains, fractures, or dislocations.
- j) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
- k) Physical contact with other participants, spectators, equipment, and hazards.
- l) Collisions with walls, any gymnastics apparatus, floors, or mats.
- m) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.
- n) Physical contact with other participants (including spotters).
- o) Not wearing appropriate safety or protective equipment.
- p) Failure to act safely or within the Participant's ability or designated areas.
- q) Negligence of other persons, including other spectators, participants, or employees; and
- r) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities

***We have read and agree to be bound by paragraphs 3 and 4***

### **Terms**

5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
  - a) That when the Participant practices or trains in their own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant.
  - b) That the Participant's mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant's mental and physical condition.
  - c) That the Participant may experience anxiety while challenging themselves during the Activities.
  - d) To comply with the rules and regulations for participation in the Activities.
  - e) To comply with the rules of the facility or equipment.
  - f) That if the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring their observations to a representative of the Organization immediately.
  - g) The risks associated with the Activities are increased when the Participant is impaired, and the Participant will not participate if impaired in any way.
  - h) That it is their sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity.
  - i) That COVID-19 is contagious in nature and the Participant may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or loss of life; and
  - j) That they are responsible for the choice of the Participant's safety or protective equipment and the secure fitting of that equipment.
  
6. In consideration of the Organization allowing the Participant to participate, the Parties agree:
  - a) That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to participate in the Activities.
  - b) That the Organization is not responsible or liable for any damage to the Participant's vehicle, property, or equipment that may occur as a result of the Activities; and
  - c) That this Agreement is intended to be as broad and inclusive as is permitted by law of the Province of Manitoba and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

### **Jurisdiction**

7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Manitoba and they further agree that the substantive law of the Province of Manitoba will apply without regard to conflict of law rules.

***We have read and agree to be bound by paragraphs 5 to 7***

**Acknowledgement**

8. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

\_\_\_\_\_  
Name of Participant (print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date