

Trial Class REGISTRATION FORM

Child's Info

First Name _____ Last Name _____ Age _____

Date of Birth (Month) _____ (Day) _____ (Year) _____

Is there anything you can tell us about your child that will help make their experience a success, including any medical information? _____

Parent/Guardian Info

Parent/Guardian 1 (Full name) _____

Phone _____ Email _____

Parent/Guardian 2 (Full name) _____

Phone _____ Email _____

Emergency Contact Name _____ Phone: _____



PLEASE



**NO PEANUTS
OR
NUT PRODUCTS**

Choose the age-appropriate class your child will be attending

TRIAL WEEK CLASSES \$10/class	TUES	WED	THURS
Parent and Tot 18 mths - 2yrs	4:30-5:30 5:30-6:30		
PRESCHOOL 3-4 yrs	4:30 - 5:30 5:30 - 6:30		
Juniors 5-6 yrs		4:30-5:30 5:30-6:30	
Junior 7-8 yrs		4:30-5:30 5:30-6:30	
Boys 9+ and Girls 9+	6:30-7:30 Boys	6:30-7:30 Girls	
Trampoline & Tumbling Beginners 5-7yrs	6:30-7:30		
Trampoline Level 1 8+yrs		6:30-7:30	
Competitive Team Evaluations 5+yrs			4:30-7:30 By appointment

Fill out below if your child is trying more than one class, fill out each class below. A form will need to be filled out for each child if you have more than one attending.

Class/ day/time _____

Class/ day/time _____

\$10.00 x _____

Subtotal _____

15% tax _____

Total _____

Payment method:

Cash, credit, e-transfer, debit



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Rules and Regulations for a trial class

- **Do I need to pay the registration fee?**
No, registration/Insurance fee are not required for a trial class.
- **Does my child need experience?**
No experience is required. Beginner to advanced level participants are welcome.
- **What does my child need to wear?**
Easy to move in snug fitting clothing, no skirts or tutus, hair must be tied back, no jewelry. Socks are required for the trampoline but bare feet is preferred for other events. BRING A WATER BOTTLE.
- **What do we do when we get there?**
Kids will be ushered by a coach, into the waiting area and parents will be able to stay and watch their child's trial class.
- **How can I pay?**
Payments can be made by cash, credit card or email money transfer to gymnationclub@gmail.com.
Payments by credit card can be made over the phone. All fees are due prior to class and all forms must be filled out.
- **Do you offer refunds?**
We have a strict no refund policy. If in the case of a medical emergency, with a doctors note, credit will be placed on your account.
- **Trial days and times and cancellations.**
Trial days or times are subject to change due to registration numbers and is at the discretion of the club.

COVID RULES: Masks are not required for entry and are optional for parents and children. GymNation follows the guidelines for COVID set out by Gymnastics Nova Scotia and Public Health.

Due to the closures and loss from COVID, we have renovated the gym to allow for more classes and programming. This means we are now using the upstairs for programs and so we no longer can offer parent viewing. We have a plan in place for restricted viewing which will be dependent of varying factors, but we hope to be able to offer this in the future.

Although all efforts will be made to provide a safe and enjoyable gymnastic program, it must be recognized there are inherent risks involved in participation in any sport, including the sport of gymnastics. I, the undersigned, hereby agree to indemnify and save harmless GymNation, its instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, suits or proceedings arising out of participation of myself/my child, named above, in any gymnastic activity. GymNation reserves the right to photograph and video record all participants involved GymNation programs to be used solely for the purpose of promotional material and publication; therefore I, the undersigned, waive any rights of compensation or ownership thereto. Undersigned agrees to all terms, conditions of enrolment & club policies of GymNation.

HST is applicable on all fees

Cancellations: Refunds are not provided for cancelled classes or no shows. Credits are applied in the case of a medical issue with a doctors note.

Signature _____

Date: _____

GYMNASTICS NOVA SCOTIA and GYM NATION GYMNASTICS
INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT 2022-23

(To be executed by All GNS Participants)

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 Gymnastics Nova Scotia and GymNation Gymnastics (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. Gymnastics Nova Scotia, GymNation Gymnastics and Trampoline, 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

All Gymnastics Nova Scotia training programs and classes are taught and/or supervised by a certified coach but even with this training, supervision and other steps (including participants signing a declaration of compliance), there remain serious 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.
 - 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 on apparatus.
 - p) Dangers of ill fitted masks or other protective equipment that might impair vision or come loose.
 - q) Failure to act safely or within the Participant's ability or designated areas.
 - r) Negligence of other persons, including other spectators, participants, or employees; and
 - s) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities
 - t) Exposure to allergens in a facility that might pose a severe risk to specific children or spectators.

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 Nova Scotia 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 Nova Scotia and they further agree that the substantive law of the Province of Nova Scotia 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)
(day/month/year)

Signature of Participant

Date of Birth

Name of Parent or Guardian if participant is under 18 (print)

Signature of Parent or Guardian

Date