

# 2022-2023 Registration Form – Side 1



Session A Class name: \_\_\_\_\_ Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_

## GYMNAST'S INFO

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Medical conditions/Notes: \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_  
Street Unit City Postal Code

## PARENT/GUARDIAN INFO

First name of parent/guardian 1 \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Relationship to student \_\_\_\_\_

First name of parent/guardian 2 \_\_\_\_\_ Last Name \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Relationship to student \_\_\_\_\_

Provide emergency contact if there is only one parent or guardian at home

## IMPORTANT INFORMATION: Please Read

All forms must be signed and handed in with payment before registration is confirmed.

Today's Date \_\_\_\_\_

ARE YOU A RETURNING MEMBER? YES NO

Class Price \$ \_\_\_\_\_

Family Discount 20% \$ \_\_\_\_\_

HST 15% \$ \_\_\_\_\_

Registration Fee \$ 60

Total owing \$ \_\_\_\_\_

If you paid the Registration/Insurance fee after Aug 31<sup>st</sup> of the current season and it is before the following Sept, this fee does not apply.

### Method of payment:

E-Transfer to <a href="mailto:gymnationclub@gmail.com">gymnationclub@gmail.com</a> _____ Date: _____ Credit card via phone _____ Date: _____	DEBIT/CARD in person _____ Date: _____ Cash in person _____ Date: _____
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## (Side 2)

### **GYM REGULATIONS AND POLICIES:**

- All registration fees are paid to Gymnastics Nova Scotia and are non-refundable.
- Refunds are only granted in the case of illness or injury and a medical note is required.
- Class days or times are subject to change due to registration numbers at the discretion of the club.
- Registration will be announced in the gym, on our website and Facebook page.
- **A 20% discount is available for multiple children or classes.**
- Attire: T-shirts, tank tops, shorts, leggings, or bodysuit. No skirts or Tutu's. No jewelry, long hair must be tied back.
- Class ratios are 6-10 children per group depending on the age of the group.
- Space is limited in each class. Registrations are accepted on a first-come first-serve basis.
- Registrants must be the correct age for the selected class within 2 weeks of the start date of the session.
- Gymnastics equipment may not be used unless under coach supervision. (Only students and staff may enter the gym. Parents may not enter the gym due to insurance liability)
- Water in bottles only is permitted in the specified area in the gym.
- We operate a "peanut/nut free environment." Please do not bring any food products containing peanuts/nuts into the facility.
- Alcohol, cigarettes, and e-cigarettes are not permitted on the premises.
- No gum in the gym.
- Registrations are not considered confirmed unless full payment is received.
- \$35 NSF cheque fees shall be the responsibility of the client.
- Absence does not constitute withdrawal.
- Make-up classes are not offered unless classes are cancelled at the discretion of the gym.

## **CONSENT OF PARENT OR GUARDIAN AND RELEASE OF LIABILITY**

I am the parent or legal guardian of \_\_\_\_\_ (name of child). I acknowledge that GymNation Gymnastics is operating out of GymNation Gymnastics, 32 Park Rd. Unit #3. Elmsdale, N.S. for the purpose of gymnastics and trampoline activities. I agree with my child participating in the gymnastics, party, camp and/ or trampoline activities being carried out under the supervision of the GymNation Gymnastics in the aforementioned facility. I understand and confirm that the GymNation Gymnastics shall have no responsibility or liability should any loss or injury be suffered by my son or daughter while participating in such gymnastics, party, camp and/or trampoline activities, to be carried out under the supervision of GymNation Gymnastics staff, In return for the GymNation Gymnastics permitting the use of the facility during the season specified on the registration form or date specified on the birthday party invitation, which license also includes permitting members of the GymNation Gymnastics (of which my son or daughter is a member or invited guest) to use the facility, I HEREBY FOREVER RELEASE AND DISCHARGE the GymNation Gymnastics staff and officers, including their respective board members, officers, employees, agents, and successors from and against all manner of claims, demands, actions suits, legal proceedings or damages which I or my child, or both, may have any loss or injury which may arise out of which is in any way related to my child's participating in the gymnastics or trampoline activities referred above.

**Date** \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**Date** \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**MEDIA WAIVER** (Optional) GymNation Gymnastics has my permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story on their web pages and other promotional materials produced, used by and representing GymNation Gymnastics or Jump To It Trampoline . I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

**Date** \_\_\_\_\_ Signature of Parent or Guardian (if under 18) \_\_\_\_\_

GymNation is as paperless as possible. All our communications will be primarily through email. For cancelled classes, class times change, competitions, pictures, display and other important information that we may have to send to you. We will also be updating our website with this information as it occurs. This information will not be shared with outside sources.

**Information Release to Gymnastics Nova Scotia and Gymnastics Canada  
2022-2023 Membership Year**

**Must be signed by each participant (18 or over) or Parent/Guardian (under 18)**

Gymnastics Nova Scotia (GNS) may collect, use, and disclose your personal information to Gymnastics Canada for the following purposes:

- a. Receiving information and communications from Gymnastics Canada in order to provide the members with the programs, services, products and information required as a member of Gymnastics Canada including newsletters, email bulletins, donation requests, invoices, notification of future programs, activities, fundraising and merchandise sales;
- b. Establishment and management of trust funds and distribution of honorariums;
- c. Processing merchandise orders, registration, and travel administration;
- d. Event registration, outfitting uniforms, monitoring eligibility and team selection;
- e. In the case of medical emergencies;
- f. Biographical information;
- g. Media relations and media publications; and
- h. Publishing sports information.

***If the student is under 18 years***

As parent or guardian of \_\_\_\_\_, **I consent** to the collection, use and disclosure of personal information to Gymnastics Nova Scotia and Gymnastics Canada as indicated above.

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

***I DO NOT consent*** to the collection, use and disclosure of personal information to Gymnastics Nova Scotia and Gymnastics Canada as indicated above.

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

***An individual may withdraw consent to the collection, use or disclosure of personal information at any time, subject to legal or contractual restrictions. GNS or GCG will inform the individual of the implications of such withdrawal. Consent will not be obtained from individuals who are minors, seriously ill, or mentally incapacitated and therefore will be obtained from parent, legal guardian or person having the power of attorney.***

**GYMNASTICS NOVA SCOTIA  
DECLARATION OF COMPLIANCE – COVID-19**

Participant Name (print): \_\_\_\_\_

Participant's Parent/Guardian \_\_\_\_\_  
(if the participant is younger than 18 years old)

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**WARNING!**

**ALL PARTICIPANTS ENTERING THE FACILITY MUST COMPLY WITH THIS DECLARATION**

Gymnastics Nova Scotia and GymNation Gymnastics (collectively the "Organization") require the disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further outbreak of COVID-19. This Declaration of Compliance will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

A participant (or the participant's parent/guardian, if the participant is younger than 18 years old) who is unable to agree to the terms outlined in this document is not permitted to enter the Organization's facilities or participate in the Organization's activities, programs, or services.

I, the undersigned being the participant named above and the participant's parent/guardian (if the participant is younger than 18 years old), hereby acknowledge and agree to the terms outlined in this document:

- 1) 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 and requires all participants (or their parent/guardian, when applicable) to adhere to the compliance standards described in this document.
- 2) The participant has not been diagnosed with COVID-19. **OR** If the participant was diagnosed with COVID-19, the participant was cleared as non contagious by provincial or local public health authorities more than 14 days prior to the date this Declaration of Compliance was signed.
- 3) The participant has not been exposed to a person with a confirmed or suspected case of COVID-19. However, if the participant was exposed to a person with a confirmed case of COVID-19, the date of exposure was more than 14 days prior to the date this Declaration of Compliance was signed.
- 4) The participant is attending or participating voluntarily and understands the risks associated with COVID-19. The participant (or the participant's parent/guardian, on behalf of the participant (when applicable) agrees to assume those risks, including but not limited to exposure and being infected.
- 5) The participant has not, nor has anyone in the participant's household, experienced cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, shortness of breath, respiratory illness, difficulty breathing).
- 6) If the participant experiences, or if anyone in the participant's household experiences, any cold or flu-like symptoms after submitting this Declaration of Compliance, the participant will immediately isolate and not attend any of the Organization's facilities, activities, programs or services until at least 14 days have passed since those symptoms were last experienced.

- 7) The participant has not, nor has any member of the participant's household, travelled to, or had a lay-over in any country outside Canada, or in any province outside of Nova Scotia in the past 14 days. If the participant travels, or if anyone in the participant's household travels, outside the Province of Nova Scotia after submitting this Declaration of Compliance, the participant will not attend any of the Organization's facilities, activities, programs or services until at least 14 days have passed since the date of return.
- 8) The participant is following recommended guidelines, including but not limited to, practicing physical distancing, trying to maintain separation of six feet from others, frequent handwashing, and otherwise limiting exposure to COVID-19.
- 9) The participant will follow the safety, physical distancing, and hygiene protocols of the Organization.
- 10) This document will remain in effect until the Organization, per the direction of the provincial government and provincial health officials, determines that the acknowledgements in this Declaration of Compliance are no longer required.
- 11) The Organization may remove the participant from the facility or from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the participant is no longer in compliance with any of the compliance standards described in this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant (If 18 and over)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian (if the participant is younger than 18 years old)

**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT 2022-2023**

*(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 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) 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.

**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.

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Name of Participant (print)	Signature of Participant	Date of Birth (day/month/year)
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Name of Parent or Guardian if participant is under 18 (print)	Signature of Parent or Guardian
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Date