



ISLAND RHYTHMIC GYMNASTICS CLUB

GYMNAESTRADA REGISTRATION FORM 2021

GYMNAST NAME

DATE OF BIRTH (YY/MM/DD)

MEDICAL NUMBER

PARENT/GUARDIAN NAME

ADDRESS

EMAIL

PHONE NUMBER (C) (H) (W)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

ALTERNATE PICK UP NAME

ALTERNATE PICK UP PHONE (C) (H)

PROGRAM SELECTION

Gymneastrada
September 19 - June 19
Fall \$395 + Winter/Spring \$550

HOW DID YOU HEAR ABOUT US?

Facebook Instagram Online search A friend

Other (specify):



ISLAND RHYTHMIC GYMNASTICS CLUB

WAIVERS

ALLERGIES AND MEDICAL CONCERNS

Does your child have any allergies, medical issues or need any accommodations to participate fully (including learning disabilities)? Please specify:

EMERGENCIES

I hereby authorize the staff of Island Rhythmic Gymnastics Club to obtain the aid of a registered medical practitioner or ambulance services to initiate treatment for my child _____ in the event of her illness or accident should attempt to contact the parents/ guardians fail.

Parent signature _____ Date & place _____

WAIVER

In consideration of your acceptance of my child's registration, I state that I will not hold responsible Island Rhythmic Gymnastic Club or any of its executive or coaches, for any personal injuries or property loss or damages suffered by my child while involved with IRGC activities.

Gymnast name _____

Parent/guardian name _____

Parent/guardian signature _____

Gymnast signature (if over 18 years of age) _____

Date _____

PHOTOGRAPHS AND VIDEOS

I authorize Island Rhythmic Gymnastics Club to take photos or videos of my child for promotional or educational purposes.

Yes

No

Gymnast name _____

Parent/guardian name _____

Parent/guardian signature _____

Gymnast signature (if over 18 years of age) _____

Date _____

Please send completed form and payment to:

Island Rhythmic Gymnastics Club

By mail: 2288 Covington Place, Victoria, BC, V8N 5N6

OR

By E-mail and e-transfer: info@islandrhythmics.com