

# Kids SuperGym Aurora

40 Engelhard Drive, Unit #10

Aurora, ON L4G 6X6

905-841-KIDS (5437)

FAMILY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

dd/mm/yy

CHILD NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HEALTH # \_\_\_\_\_

CHILD NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HEALTH # \_\_\_\_\_

CHILD NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HEALTH # \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN NAME \_\_\_\_\_ BUSINESS # \_\_\_\_\_

CELL# \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ BUSINESS # \_\_\_\_\_

CELL # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

## MEDICAL CONCERNS

In the interest of your child's positive experience at Kids Supergym, please share any medical concerns or information so that we may provide a safe and enjoyable environment for your child.

## WAIVER

Although every effort is made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved. If you have any doubts as to your child's suitability for participating, please consult your doctor.

We, Kids Supergym, will not share or divulge any personal or confidential information acquired from this form to any outside third party, not associated with Kids Supergym. Personal information will be shared with our coaches only on a need to know basis.

I authorize Kids Supergym to take photographs, videotape or digital recordings of my child/ren and to use these in any and all media including the Kids Supergym website.

**CANCELLATION POLICY.** All cancellations for classes are subject to a **per child** administration fee.

**Rec programs** - \$25.00 / **Interclub competitive programs** - ½ months tuition / **Provincial competitive programs** – 1 months tuition

## RELEASE

I, undersigned, have read and understand the above policies of Kids Supergym. I, undersigned, hereby agree to indemnify and save harmless Kids Supergym, their officers, instructors, coaches, employees, members and clubs from and against all claims, demands, costs, damages, actions, suits or proceedings, arising out of participation of myself / my child \_\_\_\_\_ in any activity.  
(participants name)

\_\_\_\_\_  
Signature of participant, parent or legal guardian (if under 18 years of age)

\_\_\_\_\_  
Date

How did you hear about our programs?

Newspaper/community guide \_\_\_\_\_ yellow pages \_\_\_\_\_ website \_\_\_\_\_ birthday party \_\_\_\_\_ friend \_\_\_\_\_