

**Beausejour Gymnos Gymnastics Club Inc.**  
**2020 Birthday Party Registration, Waiver and Release Form**

Please note the following;

- All participants must be a minimum of 5 years of age, this includes siblings.
- All participants must submit a copy of this signed waiver to participate.
- Recent changes to the New Brunswick Gymnastics and Canada Gymnastics insurance policies no longer allow the use of any trampoline equipment for birthday parties or drop in classes.

**Birthday Person's Name:** \_\_\_\_\_ **Party Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Participant Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
(MM/DD/YY)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

**MEDICAL INFORMATION**

**Emergency Contact:** \_\_\_\_\_  
Name Phone

**Medicare#:** \_\_\_\_\_ **Family Physician:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**WAIVER AND RELEASE**

I, the undersigned parent or guardian of the above named participant, acknowledge that I am aware that this program involves strenuous physical activity carrying with it various inherent risks of injury which may require medical attention. In my opinion, the above name participant is medically and physically fit to participate in this program. I hereby grant authority to the staff to render judgment concerning medical assistance in the event of an accident or illness during my absence. I also give consent to my family physician to treat the above named participant. If my family physician is not available, I give consent to the staff to obtain such medical assistance and treatment as they deem appropriate. I have read, understood and agree to the above statements.

\_\_\_\_\_  
Printed Name of Parent/Guardian Signature Date