LGA Adult Drop-In Registration Form

(All information is required)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street City Province Postal Code

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_ Male ☐ Female ☐

Allergies/Medical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gymnast Waiver and Agreement**

* **You are signing up for a drop-in program. The fee for the class is $15 per night. Please read the following conditions and sign below. If you have any questions, please speak to someone prior to signing the form.**
* **By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I understand that LGA has done everything it can to create a safe and controlled environment for participation and has established rules for participation on and about the gymnastics equipment that must be followed by the participants. I understand that failure to comply with any of the policies and rules of LGA may result in the suspension or termination of my activity. I waive the rights of the participants to damages or other costs in the event that injury is cause due to participation in gymnastics or other involvement with LGA.**
* **The Gymnastics Ontario fee must be paid on the first visit and covers you until June 30th, 2023. This is for insurance/liability purposes.**
* **The fee for a 1.5 hour class is $15 and must be paid on the night of attendance. Fees will not be prorated for late arrivals.**
* **FEES FOR CLASSES AND GYMNASTICS ONTARIO FEES ARE NON-REFUNDABLE.**
* **Each week you must sign in and pay before you may participate in the class.**
* **Classes may be cancelled, changed, or rescheduled at the sole discretion of the Recreational Director.**

**Please check our website at** [**www.londongymansticsacademy.com**](http://www.londongymansticsacademy.com) **for notification of changes/cancellations as some cancellations may be made within the week prior to the class.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood the conditions of this contract and hereby agree to the above agreement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of participant (or Parent/Guardian if under 18 years old) Date**

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**OFFICE USE ONLY**

**Gymnastics Ontario Fee**

**Method of Payment for GO Fee: $40 + HST = $45.20 (covers until June 30, 2023)**

**Cash ☐**

**Debit ☐ GO # from another gym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MC ☐ Name of other gym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visa ☐**

**Date of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**