



## PARTICIPANT CONSENT AND MEDICAL DATA RECORD

|   |   |                             |   |
|---|---|-----------------------------|---|
| Name of Participant                       |   | Date of Birth (YYYY/MM/DD)  |   |
| Address                                   |   | Home Phone Number           |   |
| City                                      |   | Prov                        | Postal Code                                     |
| Name of Parent(s)/Guardian(s) if under 18 |   | Relationship to Participant | Email address                                   |
| Health Card Number                        | Alternate Contact #1<br><i>Name &amp; Phone</i> |                             | Alternate Contact #2<br><i>Name &amp; Phone</i> |

|  |     |                            |    |
|--|-----|----------------------------|----|
| Does the participant have any physical, mental/developmental, or medical conditions that for safety reasons should be disclosed? | YES | If yes, complete forms B/C | NO |
| Has the participant ever had a injury or accident requiring ongoing medical attention or surgery?                                | YES | If yes, complete forms B/C | NO |
| Does the participant have allergies or asthma?   | YES | If yes, complete forms B/C | NO |
| Name of Family Physician   |     | Phone Number               |    |

### PARENT/GUARDIAN CONSENT OF PARTICIPATION AND WAIVER

By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental, or medical conditions affecting the named participant and acknowledge that this information may be used for the Club/G.O's use in the delivery of a gymnastic program. I acknowledge that there is a potential risk for injury involved in training and competing in any sport. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that the Club has established rules for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the Federation.

I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of the Club. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.

**Request for permission to use, copy or display participant's photograph or video recorded image to promote Sault Ste. Marie Gymnastic Club events and advertisements on websites, news releases, brochures, pamphlets or other:**

- Yes, I grant permission to SSMGC to use my child's photo or video recorded image for promotional purposes.
- No, please do not use my child's photo, or video of my child.

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY.**

|  |      |
|--|------|
| Signature Parent/Guardian (Participant if 18 years of age) | Date |
|--|------|