



## SUMMER CAMP Waiver, 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	Parent's Email address
Health Card Number	Primary Phone:		Alternate Phone:

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	

### IMPORTANT! 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 SSMGC's/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 and The Sault Ste. Marie Gymnastic Club (SSMGC) has tried to create a safe and controlled environment for participation and that the SSMGC 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 SSMGC 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 SSMGC and Gymnastics Ontario.

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

### EMERGENCY CONTACT INFORMATION

Name	Relationship to Participant	Phone Number(s)
Name	Relationship to Participant	Phone Number(s)

**PICK UP AND DROP OFF**

Participants must be signed in and out each day at drop-off and pick-up. Only the following people are permitted to sign the participant out. Please provide the names below. In the event that we should expect another person to pick up your child, please provide written notice signed by a parent/guardian.

1.	2.	3.
4.	5.	6.



**PHOTO AND MEDIA WAIVER**

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 recorded image.

**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.**

**Upon registration of my child at The Sault Ste. Marie Gymnastics Club Summer Day Camp, I permit my child to participate in a wide range of activities, including swimming (if child is 7 and up), outdoor activities, off-site field trips and gymnastics.**

<b>Print Name</b>	
<b>Signature of Parent/Guardian</b>	<b>Date</b>