

REGISTRATION FORM
RICHMOND HILL RECREATION CLUB
475 Edward Ave. #12, Richmond Hill, L4C 5E5
905 884-6175 FAX 905 884-2531

Date _____

1) _____
Childs last name First Age _____

2) _____
Childs last name First Age _____

Date of Birth

1) M ___ D ___ Y ___ Class Day ___ Time ___ 2) M ___ D ___ Y ___ Class Day ___ Time ___

Res Phone _____ Bus _____ Cell Phone _____ E-mail _____
Address _____ Town _____ Postal Code _____
Parent/Guardian _____

Please print

Additional Information

Medical _____

CLUB POLICIES

1) There are NO REFUNDS for any classes once registered. 2) Partial refunds MAY be given upon receipt of a Doctor's note and will be subject to a \$50.00 administration fee. 3) No parents allowed in the gym except for parent viewing day in (December and June). 4) Makeup classes are limited to 3 per session, only where available. 5) All NSF checks will be subject to a \$25.00 charge. 6) We have the right to pull a child from classes due to unpaid fees. 7) Missed classes cannot be accumulated or credited to next session. 8) Family discount – 5%-2 siblings 10%-3 or more siblings. Fees paid for Sept-June – 10% (regardless of how many siblings). 9) 3rd party account transfers will be subject from \$15.00 up to a \$50.00 administration fee payable in cash or will be deducted from account.

ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

AWARENESS AND ASSUMPTION OF RISK

I am aware that Gymnastics involves risk of personal injury, death, property damage, expense and related loss, including the loss of income. Included in these risks are negligence on the part of The Richmond Hill Gymnastics Club and Richmond Hill Recreation Club, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "The Richmond Hill Gymnastics Club" and "Richmond Hill Recreation Club" and others. I freely accept and fully assume all such damages, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of The Richmond Hill Gymnastics Club and Richmond Hill Recreation Club accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against The Richmond Hill Gymnastics Club and Richmond Hill Recreation Club AND OTHERS.
2. To release The Richmond Hill Gymnastics Club, Richmond Hill Recreation Club and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation of my child's participation in this in this activity due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT, I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RICHMOND HILL GYMNASTICS CLUB AND RICHMOND HILL RECREATION CLUB AND OTHERS.

I have read, understand and will accept all club policies.

SIGNED THIS _____ DAY OF _____ 20 ____

SIGNATURE _____ PRINT _____

WE WILL NOT ACCEPT ANY FAXED FORMS AS REGISTRATION.
ALL FORMS MUST BE ACCOMPANIED BY PAYMENT, CHECK OR CASH AND CAN BE SENT IN MAIL OR BROUGHT INTO THE CLUB.
THIS WILL BE YOUR ONLY CONFIRMATION OF REGISTRATION. THANK YOU.