 **Taiso Drop-in – GymSask**

 **Insurance/Participant Registration**

Personal Information Medical Information

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Services Number: \_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_

Telephone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Condition(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration/Disclaimer** – Please read and then sign below.

I declare that the above information is true to the best of my knowledge. I understand that the gym is not a risk-fee place and that I am participation of my own free will and that Taiso Gymnastics Club is not responsible for any injury that I may sustain while at the gym. I understand that the coach assigned by Taiso gymnastics Club is in charge and is there for my safety and benefit and that the coach has the right to exclude certain pieces of equipment from use by drop-in participants. I understand that I may be asked to leave if I verbally/physically abuse any coach, staff or other drop-in participant, or if I misuse any equipment, both in the gym and in the outside gym environment. I agree to report any injury or damage which may occur while I am participation in drop-in to the staff/coach in charge at the time of injury, failure to do so may result in my exclusion from the drop-in program.

Signature of Participant Date

Parent/Guardian signature (if under 18) Date