

Registration and Participation Agreement

Parent Name _____ D.O.B _____
 Child Name _____ D.O.B _____
 Address _____
 Post Code _____ Email Address _____
 Home telephone No. _____ Emergency Contact No. _____

Any medical issues we need to be aware of (please speak to coaches directly about any medical/behavioural issues/concerns or injuries that may affect or may be affected by participation in gymnastics / trampolining / ninja)

Parent/Guardian Waiver and Release:

I fully understand that Gymfinity Kids staff members are not doctors or medical practitioners of any kind. With the above in mind, I hereby release staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the staff to seek medical help and/or call an ambulance. You agree that you are aware that your child will be engaging in physical exercise involving gymnastics, trampolining & ninja, which could cause injury to them. The risk of harm may be limited by the safety equipment and trained coaches, but never eliminated.

You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive and discharge any claims, causes of action or rights that you or your child might incur as a result of these activities including classes, events, birthday parties, Ninja Knights, camps, school classes and Gymfinity Kids will not have any liability other than in relation to death or personal injury, where Gymfinity Kids or its staff is proved to be negligent. You will indemnify and hold harmless Gymfinity Kids against any claims resulting from such participation. Gymnastics Kids Staff will make no evaluation or recommendation whether your child is physically fit for any physical activity. If your child has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a doctor's statement describing any limitations to participate in this program. Please inform coaches directly of any medical issues/ injuries that may affect participation and any medical condition must be fully disclosed. You must inform Gymfinity Kids if there are any changes to your child's medical history.

Signed _____ (Parent / Guardian) Date _____

Data Capture: By checking and ticking the below, I confirm my agreement:

Phone Email SMS Post

Photo Waiver: I give Gymfinity Kids permission to use my and or my children's photographs on print and or video or website for promotion/marketing & awards purposes only. **Yes** **No** **(please circle)**

To view our Privacy Policy, go to www.gymfinitykids.com