



River Valley Gymnastics Club
Recreational 2017 to 2018 Registration Form

Child's Name \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_
Year / Month / Day

Complete Mailing Address \_\_\_\_\_

E-mail Address (please print neatly) \_\_\_\_\_

List any and all Medical Problems/Allergies \_\_\_\_\_

Mother's Name \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_

Father's Name \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_

WAIVER

I, the undersigned, do hereby waive all responsibility on the part of the coaches, directors, and volunteers affiliated with the River Valley Gymnastics Club if injury occurs during class, camps, and other club activities or from traveling to and/or from the club or club related activities.

Parent or Legal Guardian Signature

Date

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury to \_\_\_\_\_, I, the undersigned do hereby authorize River Valley Gymnastics Staff to arrange proper medical treatment. It is understood that club staff will use this authorization only after having attempted and failed to contact me or one of the others listed on this sheet.

Parent or Legal Guardian Signature

Date

Emergency Contact Name (other than mother and father) \_\_\_\_\_

H# \_\_\_\_\_ C# \_\_\_\_\_

Please Fill in the following information:

Class Registering For: \_\_\_\_\_ Last Badge received (Can Gym only) \_\_\_\_\_

How did you hear about our programs?

Word of mouth     Carleton Civic Center     Radio     School     Flyer     On-line

**River Valley Gymnastics Photo Release:**

In the course of activities, representatives of River Valley Gymnastics, participants, non-member participants and staff may take photographs or otherwise record events. These photographs and recordings are sometimes submitted to GNB, local papers, as well as posted on the River Valley Gymnastics Web Site and Facebook group page in order to promote River Valley Gymnastics. Please advise us if you are willing to have your child's/ward's image or voice used for promotional purposes by RVG, as indicated below:

I on behalf of my child/ward, give permission to the River Valley Gymnastics to photograph my child/ward's image and voice on still photographs, motion picture film, audio tape, video tape or digital media and to use this material, and/or similar material provided to RVG by me or third parties involved in Gymnastic events, in whole or in part, now and in the future, through the media of television, film, Internet, multi-media presentation, radio, audiotape, videotape, in printed form and display form for the promotion of Gymnastics. I on behalf of my child/ward assign and transfer to River Valley Gymnastics any and all proprietary rights, including copyright, and waive all personality rights, which I may have or my child/ward may have in this material.

River Valley Gymnastics is only responsible for official uses of photographs and recordings. Any personal uses by Gymnasts, Members and non-members outside of the promotional uses outlined above are not monitored by or the responsibility of RVG.

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NOTE: It is mandatory that you complete this section. Please check and sign to confirm your selection.

**I, on behalf of my child/ward:**

- Give my permission as set out above**

**OR**

- DO NOT give my permission as set out above**

\_\_\_\_\_  
**Print Parent or guardian name:**

\_\_\_\_\_  
**Relationship to child / ward:**

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**