



Taiso Drop-in – GymSask Insurance/Participant Registration

Personal Information

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone number: _(_____)_____

Date of Birth (DD/MM/YY): ____/____/____

Gender: Male Female

Medical Information

Emergency Contact: _____

Relationship: _____

Telephone number: _(_____)_____

Doctor: _____

Telephone number: _(_____)_____

Health Services Number: ____-____-____

Medical Condition(s): _____

Declaration/Disclaimer – Please read and 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-free place and that I am participating 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 and injury or damage which may occur while I am participating 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