



MITCHELL GYMNASTICS

214 COOPER STREET (GEORGINA ST.)
Mitchell, Ontario, N0K 1N0



Info: www.mitchellgymnasticsclub.ca

Email Registrations: m.chessell@ezlink.ca

CLASSES HELD AT THE MITCHELL GYMNASTICS CLUB No parent viewing area

2025 GYMNASTICS SUMMER CAMP REGISTRATION

1-week 1/2 day session \$165.00/week

(Maximum children: camp is 15 gymnasts) PAYMENT DUE BY MAY 30, 2025 TO CLUB DROP BOX

All items in this section are mandatory PRINT CLEARLY 1 form per gymnast

Gymnast: _____

ALL class correspondence done by email please use one that you read regularly

Email Mandatory: _____

Age: _____ Birthdate: _____

Address: _____

Town/City: _____ Postal Code: _____

Parents: _____

ONE Emergency Cell Phone Contact #: _____

2025 Summer Camp July 14th – 18th

Morning only FOR 4-6 yrs. 8:30 am – 12:30 pm _____

2 spots available

Afternoon only FOR 7-13 yrs. 1:00 – 5:00 pm _____

FULL

2025 Summer Camp July 21st – 25th

Morning only FOR 4-6 yrs. 8:30 am – 12:30 pm _____

5 spots available

Afternoon only FOR 7-13 yrs. 1:00 – 5:00 pm _____

6 spots available

**CAMP INCLUDES: GYMNASTICS INSTRUCTION, WATER
ACTIVITIES, & CRAFTS**

**** GYMNAST TO SUPPLY OWN SNACKS/DRINKS ****

Payment \$ _____ **** Please keep this – it is your tax receipt ****

HST#843196882RT0001

GYMNASTICS ONTARIO and MITCHELL GYMNASTICS CLUB

MANDATORY INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT

INFORMATION CARD 2025

GYMNASTS, please fill out this information in full for each gymnast for insurance purposes. (Please note that this information is confidential and not available to unauthorized individuals)

Gymnasts Name: _____ Date of Birth: _____

Emergency contact: _____ 1 CELL PHONE #: _____

Medical condition related to partaking in gymnastics: _____

Previous injuries related to partaking in gymnastics: _____

Does the gymnast carry and know how to administer/medications? Yes _____ No _____

Other important information/conditions: _____

WARNING! Please read carefully

By signing this document, you will assume certain risks and responsibilities

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of Gymnastics Ontario and MITCHELL GYMNASTICS CLUB (collectively the "Activities"), the undersigned, being the Participant and the Participant's Parent/Guardian (if Participant is under 18 years old), (collectively the "Parties"), acknowledge and agree to the terms outlined in this document.
2. Gymnastics Ontario, MITCHELL GYMNASTICS CLUB, and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization").

By signing: ***We acknowledge we have read and agree to be bound by paragraphs 1 and 2***

Description and Acknowledgement of Risks

3. The Parties understand and acknowledge that:
 - a) The Activities have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury.
 - b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
 - c) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction.
 - d) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that the Participant will not become infected with COVID-19. Further, participating in the Activities could increase the Participant's risk of contracting COVID-19.
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. The risks, dangers and hazards include, but are not limited to:
 - a) Privacy breaches, hacking, technology malfunction or damage.
 - b) Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
 - c) Vigorous physical exertion, strenuous cardiovascular workouts, and rapid movements.
 - d) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus.
 - e) Failure to follow instructions or rules.
 - f) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the Participant's body or to the Participant's general health and well-being.

- g) Abrasions, sprains, strains, fractures, or dislocations.
- h) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
- i) Physical contact with other participants, spotters, spectators, equipment, and hazards.
- j) Collisions with walls, any gymnastics apparatus, floors, or mats.
- k) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.
- l) Failure to act safely or within the Participant's ability or designated areas.
- m) Negligence of other persons, including other spectators, participants, or employees.
- n) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities.
- o) Contracting COVID-19 or any other contagious disease.

By signing: ***We acknowledge we have read and agree to be bound by paragraphs 3 and 4***

Terms

5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
 - a) That when the Participant practices or trains in their own space, the Parties are responsible for the Participant's surroundings and the location and equipment that is selected for the Participant.
 - b) That the Participant's mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant's mental and physical condition.
 - c) That the Participant may experience anxiety while challenging themselves during the Activities.
 - d) To comply with the rules and regulations for participation in the Activities.
 - e) To comply with the rules of the facility or equipment.
 - f) The risks associated with the Activities are increased when the Participant is impaired, and the Participant will not participate if impaired in any way.
 - g) That COVID-19 is contagious in nature and the Participant may be exposed to, or infected by, COVID-19.
6. In consideration of the Organization allowing the Participant to participate, the Parties agree:
 - a) That the Parties are not relying on any oral or written statements made by the Organization or their agents, whether in brochure or advertisement or in individual conversations, to agree to participate in the Activities.
 - b) That the Organization is not responsible or liable for any damage to the Participant's vehicle, property, or equipment that may occur as a result of the Activities; and
 - c) That this Agreement is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

7. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Ontario.

By signing: ***We acknowledge we have read and agree to be bound by paragraphs 5 to 7***

Acknowledgement

8. The Parties acknowledge that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date

Mitchell Gymnastics Club
214 Cooper Street
Mitchell Ontario
N0K 1N0
m.chessell@ezlink.ca
2025