



REGINA RHYTHMIC GYMNASTIC CLUB  
2018 – 2019 REGISTRATION  
(Please Print)

**Gymnast Information**

- ☐ New Gymnast  
☐ Returning Gymnast

School Grade \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

First Name

Last Name

Address

City

Postal Code

Home Phone #

Family Email (Main form of Communication)

Regina Rhythmic Gymnastic Club communicates through Email.

I give consent ☐ Yes or ☐ No for RRG (Regina Rhythmic Gymnastic Club) to communicate with me via the above address provided or any other email address that I may provide to the club.

**Parents or Guardians**

Mother's Name

Email ☐ Same as Above

Home Phone #

Cell Phone #

Father's Name

Email ☐ Same as Above

Home Phone #

Cell Phone #

Emergency Contact Name

Emergency Phone #

**Gymnast Medical Information**

Doctor's Name: \_\_\_\_\_ Hospitalization #: \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

**T-Shirts**

Club T-shirts are provided as part of the gymnast's registration & must be worn for club routines & events

Please indicate the size of T-shirt required: ☐ YS ☐ YM ☐ YL ☐ YXL (Youth Sizes)  
☐ AS ☐ AM ☐ AL ☐ AXL (Adult Sizes)

**Voluntary Self-Declaration**

Please check one of the following that is most applicable to your Aboriginal ancestry\*

☐ Status / Treaty ☐ Non-Status ☐ Métis ☐ Inuit

\* Providing this information is voluntary and will be used for statistical purposes, only. It will not be used by Regina Rhythmic Club or Gymnastics Saskatchewan for any other prohibited preference as per *The Saskatchewan Human Rights Code*.

**New Gymnasts please tell us how you heard of our Club**

☐ Social Media ☐ Poster/Newsletter ☐ Friend – Referred By: \_\_\_\_\_ ☐ Other – Explain \_\_\_\_\_

## REGINA RHYTHMIC GYMNASTIC CLUB 2018 – 2019 REGISTRATION

### Payment Record

<b>Class Name:</b>	<b>Class Fee:</b>
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- Please make all cheques payable to R.R.G.C. (Regina Rhythmic Gymnastic Club).
- The first or full payment should be dated **Oct. 1<sup>st</sup>** and then the **2<sup>nd</sup> of Jan** if paying in 2 installments. Please contact us for the payment breakdown for installments. Postdated cheques for January are due at time of Registration.
- Send E-transfers to [RRGCpayments@gmail.com](mailto:RRGCpayments@gmail.com), make password "Registration" with athlete's full name in the note section.
- All cash, cheques or fund withdrawal forms are to be submitted along with this form for a complete registration.
- Class Fees include a mandatory Gymnastics Canada fee of \$8.00 and a Gymnastics Saskatchewan fee of \$23 for Recreational Gymnasts or \$67 for Performance Gymnasts. **These fees are non-refundable.**
- NSF Cheques will be subject to a \$10 administration fee and will result in future payments to be made in cash only.
- All classes, locations and times are subject to availability.

RRGC's policy is to remove any gymnast from their regular classes and related events should that gymnast have unpaid fees or NSF cheques to RRGC. When fees have been settled, the gymnast may resume with their class. We hope that this policy will not have to be pursued.

#### Please choose one of the payment options below:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Payment in Full          | <input type="checkbox"/> 2 Payments (Oct and Jan)         | <input type="checkbox"/> Fundraising Account/Other   |
| <input type="checkbox"/> Cash/E-Transfer \$ _____ | <input type="checkbox"/> Cheque(s) Cheque # _____ # _____ | <input type="checkbox"/> Fundraising Withdrawal Form |

Please NOTE the Club policy & required signature regarding payment options in the box below.

RRGC's policy does not allow registration fee refunds if a gymnast stops attending classes after Oct 31st of the season. A full refund will be given prior to Sept 30th and 50% prior to Oct 31st if the parent has written/mailed the President or Registration Coordinator indicating that their child is discontinuing and the effective date. **The Gymnastics Saskatchewan fee and Gymnastics Canada fee, which is included in your fee as listed above, is non-refundable at any time.**

I, \_\_\_\_\_, understand RRGC's policy with regard to payment expectation and agree that if my child does not return to RRGC classes after Oct 31, 2018, other than for medical reasons, that I will not stop payment on my postdated cheque(s).

\_\_\_\_\_  
Parent/guardian OR Gymnast (18 years of age minimum) (Signature)

### Regina Rhythmic Gymnastic Liability Waiver and Consent Form

(Please read the following statements)

\_\_\_\_\_  
Name of Gymnast (Please Print)

I, the undersigned participant or legal guardian of the participant listed above, do hereby consent to the participant fully participating in Regina Rhythmic Gymnastic (hereafter referred to as R.R.G.C.) activities and know of no condition that may affect the ability of the participant to safely participate. The collection, use, disclosure and security of my personal information are regulated by law. Gymnastics Saskatchewan and the R.R.G.C. collect and use my personal information to provide me with the programs, services, products and information I require as a member of the Club and Gym Sask. In order to enable Gym Sask. and the R.R.G.C. to manage and develop their operations from local to international levels, R.R.G.C. and Gymnastics Saskatchewan may share my information with its members, Gymnastics Canada and also with third parties who act on its behalf as agents, suppliers, or service providers. Submission of my registration form and fees to R.R.G.C. does hereby constitute my consent for R.R.G.C. to collect, use, disclose and retain my personal information as is reasonable for Gymnastics Saskatchewan and the R.R.G.C. purposes. I do hereby consent to the use of photos and results of the participant doing gymnastic activities in newsletters, on websites, or in any promotional materials. I have read the statements regarding the Liability Waiver and Consent, and by signing below, I certify that I understand its content.

\_\_\_\_\_  
Parent/guardian OR Gymnast (18 years of age minimum) (Please Print)

\_\_\_\_\_  
Parent/guardian OR Gymnast (18 years of age minimum) (Signature)

\_\_\_\_\_  
Dated