

Sapphires Rhythmic Gymnastics Club IRG Registration Form A

Gymnast Information:

Gymnast Name: _____
Address: _____
City, Province: _____
Postal Code: _____
Home Phone: _____
Birthday (YYYY/MM/DD): _____ / _____ / _____
9 digit health #: _____
6 digit reg #: _____

Parent/ Guardian 1:

Name: _____
Address: _____
City, Province: _____
Postal Code: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Emergency Contact Information:

should be different than parent/guardian

Name: _____
Postal Code: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____
Relationship to Gymnast: _____

Parent/Guardian 2:

Name: _____
Address: _____
City, Province: _____
Postal Code: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Please indicate any medical conditions, injuries or allergies (past/present):

Returning gymnasts- PRISM Levels Achieved:

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Rainbow | <input type="checkbox"/> Green |
| <input type="checkbox"/> Red | <input type="checkbox"/> Blue |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Violet |
| <input type="checkbox"/> Yellow | |

Sapphires Rhythmic Gymnastics Club Waiver

I, the parent/guardian of _____ know that participation in any sport is a potentially hazardous activity. I realize that he/she should not participate unless he/she is medically able and properly trained. I assume all risks associated with his/her participation. Having read this waiver and knowing these facts and in consideration of your accepting my child's application to participate, I waive and release the Sapphires Rhythmic Gymnastics Club, Rhythmic Gymnastics Manitoba (RGM), all sponsors, affiliated Clubs, event organizers, and officers and members thereof from all claims or liabilities of any kinds arising out of his/her participation.

Signature: _____

Date: _____

Sapphires Rhythmic Gymnastics Club IRG Registration Form B

IRG CLASSES		Days and Times	Early Bird Fee (registered before Sept. 15 th , 2017)	Regular Fee (registered between Sept. 15 th -Sept. 25 th)	Late Fee (registered after Sept. 25 th)
MONTROSE SCHOOL	IRG-A (4-6 yr. olds)	Monday 6:00-6:55 <input type="checkbox"/>	\$130.00	\$140.00	\$150.00
	IRG-B (7 & up)	Monday 7:00-8:00 <input type="checkbox"/>			
INKSTER SCHOOL	IRG-A (4-6 yr. olds)	Wednesday 6:00-6:55 <input type="checkbox"/>	\$130.00	\$140.00	\$150.00
	IRG-B (7 & up)	Wednesday 7:00-8:00 <input type="checkbox"/>			
ISAAC BROCK SCHOOL	IRG-A (4-6 yr. olds)	Thursday 6:30-7:25 <input type="checkbox"/>	\$130.00	\$140.00	\$150.00
	IRG-B (7 & up)	Thursday 7:30-8:30 <input type="checkbox"/>			
LANSDOWNE SCHOOL	IRG-A (4-6 yr. olds)	Monday 6:00-7:00 <input type="checkbox"/>	\$130.00	\$140.00	\$150.00
	IRG-B (7 & up)	Monday 7:00-8:00 <input type="checkbox"/>			
IRG ADVANCED CLASSES		Days and Times	Early Bird Fee (registered before Sept. 15 th , 2017)	Regular Fee (registered between Sept. 15 th -Sept. 25 th)	Late Fee (registered after Sept. 25 th)
MONTROSE SCHOOL	IRG Advanced (7 & up)	Monday 7:00-8:30 <input type="checkbox"/>	\$155.00	\$165.00	\$175.00
INKSTER SCHOOL	IRG Advanced (7 & up)	Wednesday 7:00-8:30 <input type="checkbox"/>	\$155.00	\$165.00	\$175.00
ISAAC BROCK SCHOOL	IRG Advanced (7 & up)	Thursday 7:30-9:00 <input type="checkbox"/>	\$155.00	\$165.00	\$175.00
LANSDOWNE SCHOOL	IRG Advanced (7 & up)	Monday 7:00-8:30 <input type="checkbox"/>	\$155.00	\$165.00	\$175.00

Type of Payment: **CASH**

CHEQUE

Please note the day changes for our Inkster School and Lansdowne School locations.

To receive the EARLY BIRD DISCOUNTED FEE you must register by September 15th, 2017.



RGM EVENT PIPEDA RELEASE FORM

The personal information you provide to RGM and different organizing committees for Provincial and National events, is collected under the authority of the PIPEDA privacy bill for Canada. The information is used to determine your eligibility for competitive and recreational opportunities, age related events, to facilitate your enrolment, to administer and evaluate programs/courses of benefit to gymnasts, coaches, Board Members, volunteers and judges, and for insurance and statistical purposes. In addition, personal information may be, from time to time, submitted to major funding bodies in order to verify registration and meet the funding requirements. This information will be transferred in a safe format. It will be password protected if it is transferred electronically, or it will be sent as hard copy.

Registration information required may include: name, age, birth date, address, gender, emergency contact information in case of accident or illness, previous movement experience, position within the club or provincial governing structure, volunteer experience, judging level attained, coaching level attained, performing and/or competitive level attained and citizenship information. Staff members and senior volunteers may have the following information collected and retained: coaching experience, performance appraisals, appointment records, resumes and letters of reference, university equivalency/course information for different aspects of coaching training, attendance records, coach certification numbers, certifications and equivalencies.

Your club's Privacy Officer is responsible for your personal information, and the personal information concerning any minor children, and they ensure that all personal information is handled in a confidential manner, and all reasonable precautions are taken to avoid loss, theft or unauthorized access, disclosure, copying, use or modification. Any requests to view your personal information should be made in writing to the club or to the Provincial office of the RGM Rhythmic Gymnastics Program.

Please fill in and sign the following form, to indicate that you allow the transmission of personal information to RGM Rhythmic Gymnastics office, and the subsequent transmittal of personal information as indicated in Paragraph one of this document.

Name: _____ Signature: _____

Date: _____ Phone Number: _____

Name of Parent/Guardian of participant if under the age of 18: _____

Signature of Parent/Guardian of participant if under the age of 18: _____

RGM IMAGE RELEASE FORM

Participants at Provincial and National events may have their image, likeness, name (excluding personal address, phone, fax number, and/or email address), province, city/town, and club, as well as rank within Canada and previous performing, competitive, judging, choreographing or coaching history, used in publications and on the internet by RGA as well as its agents and sponsors from time to time. When signing this form, gymnasts, volunteers, coaches, judges and, in the case of minors, their parent/guardian, agree that they have the authority to provide this authorization/approval to RGM and its agents, and sanctioned organizing committees. A facsimile, a scanned and emailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

Name: _____ Signature: _____

Date: _____ Phone Number: _____

Name of Parent/Guardian of participant if under the age of 18: _____

Signature of Parent/Guardian of participant if under the age of 18: _____

I allow the use of personal information as outlined above, and image in RGM Media, including newsletter, website, poster, brochure, video, sponsorship packages.

Note: If Photographs are provided to RGM, please send each photograph together with the photographer's express written permission for RGM or your club to use the photograph(s) on the internet, in publications related to rhythmic gymnastics, and in sponsorship materials for rhythmic gymnastics.