



TEAM REGISTRATION FORM

As the coaching and administrative staff has made a professional commitment to the athlete, the athlete and their family also commit themselves to the completion of the entire season through to May 2022.

Family Last Name _____ Athlete's Name _____
Mailing Address _____ Birth Date _____
School _____ Dismissal Time _____

Mother/Guardian _____ Email _____
Phone 1) _____ Phone 2) _____
Father/Guardian _____ Email _____
Phone 1) _____ Phone 2) _____

Emergency Contact (if not able to reach you through info above)
Name _____ Relationship to child _____
Phone 1) _____ Phone 2) _____

Alberta/Sask Health Care # _____
Athlete's Allergies _____
Ongoing Medical Problems (we should know about) _____
Past Operations (we should know about) _____

It is my understanding that, in the case of an emergency, Explosion Gymnastics assumes no financial obligations for expenses incurred in carrying out emergency procedures and/or emergency transportation. I hereby authorize simple first aid to be delivered to myself or my child by Explosion Gymnastics' coaches, staff, or other authorities and consent to any medical examination and diagnosis, X-ray, dental, or surgical diagnosis which is deemed necessary for the proper athletic involvement and care of the above-mentioned child/person. I voluntarily affix my name in agreement.

I acknowledge, understand, appreciate, and agree that participation may result in possible exposure to and illness from infectious diseases, including, but not limited to COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for participation and exposure and relate the facility, its employees, officers and directors from any liability related thereto.

Parent/Guardian's Printed Name _____
Signature _____ Date _____

Referral Program

_____ I have been referred to ECA by my friend (first & last name): _____

Loyalty Program

- _____ I am currently enrolled in an Explosion Gymnastics Recreational Program (15% discount)
_____ I am currently an Explosion Gymnastics Competitive Team Member (15% discount)
_____ I was previously Explosion Gymnastics Competitive Team Member for a minimum of 3 years (15% discount)

