



**Beginner & Advance (6 yrs and up)  
Registration and Waiver Form  
2011-2012**

Name (Gymnast): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Birth date (yy/mm/dd): \_\_\_\_\_ Health card number: \_\_\_\_\_  
Parents' names: \_\_\_\_\_  
Previous dance/gymnastics experience: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Medical Considerations: \_\_\_\_\_

Locations:      Tuesdays & Wednesdays, Devon Alliance Church      Thursdays, Devon Community Centre

Session:     Fall (Oct 4 – Nov 24)     Winter (Jan 10 – Mar 1)     Spring (Mar 6 – May 3)

Class:	<input type="checkbox"/> Beginner	Tuesdays 6:00-6:45pm	\$75.00 + \$15 RGA registration fee
	<input type="checkbox"/> Beginner	Wednesdays 6:00-6:45pm	\$75.00 + \$15 RGA registration fee
	<input type="checkbox"/> Beginner	Thursdays 5:00-5:45pm	\$75.00 + \$15 RGA registration fee
	<input type="checkbox"/> Advanced	Tuesdays 6:45-8:00pm	\$95.00 + \$15 RGA registration fee

**Release/Waiver Form**

I state that I will not hold responsible the Devon Alliance Church, Arabesque Rhythmics or its coaches for any personal injuries or property loss or damage suffered by my child while participating in Arabesque Rhythmics classes or associated activities.

**Parent/Guardian signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Athletes' image, likeness, name (excluding personal address, phone, facsimile numbers and email addresses) province, city/town and club as well as previous competitive or performance history may be used in publications and on the internet by Rhythmic Gymnastics Alberta as well as its agents and sponsors from time to time (hereinafter referred to both individually and collectively as 'RGA') and also by Arabesque Rhythmics.

**Parent/Guardian signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Mailing address: 9703 84 Ave, Edmonton AB T6E 2E8  
For more information, please see our website [www.arabesquerhythmics.ca](http://www.arabesquerhythmics.ca) , call **780-242-9069** or email [arabesquerhythmics@gmail.com](mailto:arabesquerhythmics@gmail.com).

**Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**RHYTHMIC GYMNASTICS ALBERTA PIPEDA RELEASE FORM**

- 1.0 The personal information you provide to your club, to Rhythmic Gymnastics Alberta, and to different organizing committees for Provincial and National events, is collected under the authority of the PIPEDA privacy bill for Canada. It 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. It may be necessary to disclose this information to Gymnastics Canada Gymnastique (GCG) or the current insurance company to comply with their requirements.. 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.
- 2.0 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.
- 3.0 Your club's Privacy Officer, as well as the Privacy Officer for RGA, are 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 provincial Privacy Officer (RGA, 11759 Groat Road, Edmonton, AB T5M 3K6)

Please fill in and sign the following form, indicating that you allow the transmission of personal information from RGA to the Gymnastics Canada office, and the subsequent transmittal of personal information as indicated in Paragraph 1.0 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: \_\_\_\_\_

**RHYTHMIC GYMNASTICS ALBERTA IMAGE RELEASE FORM**

Participants at Club, Provincial and National events, including Gymnaestradas, Performances, Demos and Competitive 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 Alberta/Canada and previous performing, competitive, judging, choreographing or coaching history used in publications and on the website 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 RGA 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.

I allow the use of personal information and images as outlined above, in Club, RGA and GCG Media, including newsletter, website, poster, brochure, video, sponsorship packages.

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: \_\_\_\_\_

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