



PLEASE PRINT

Program: _____

Athletes Name: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____ Cell: _____

Email: _____

Legal Guardian: _____

Emergency Contact Name: _____

Phone: _____

Medical conditions or allergies: _____

Please list any medications taken by the athlete that Manjak's Gymnastics should be aware of.

RELEASE & WAIVER OF LIABILITY & CONSENT

By signing this form, I acknowledge that I am aware of the risks associated with participation in gymnastics.

I warrant that I, or the participant named on this registration form,
is physically and mentally fit to participate in gymnastics activities.

I acknowledge that Manjak's Gymnastics Ltd have created as safe an environment
as possible and the club established rules for participation must be adhered to.

I also agree to the use of the participants image for promotional
use in print and electronic media.

I release Manjak's Gymnastics Ltd. and its directors, officers, employees, volunteers and agents
and against any and all causes of actions, claims, demands & liability that I, or the participant named on this registration
form, our respective assignees, heirs or executors may have now or in the future against Manjak's Gymnastics Ltd,
related to my participation in gymnastics activities at Manjak's Gymnastics Ltd facilities.

I acknowledge that I have carefully read this
Release and Waiver of Liability and Consent and understand its contents.

Signature of Participant (or legal Guardian if under 18)

Please note GO fees are non refundable

For office use only

REC PROGRAM

GO # _____

Date: **2022-2023**