



1503 Sandy Beach Rd., Pickering, ON, L1W 1Z5
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2018-19 PARENT/GUARDIAN AGREEMENT

Athlete Name _____

_____ Women's Artistic Gymnastics _____ T&T

We/I acknowledge receipts and have read the terms and conditions set out in the competitive handbook for Pickering Athletic Centre Inc. and upon registering our/my child(ren) agree to abide by those terms for the year July 1, 2018 up to and including June 30, 2019.

We/I have logged on to our customer portal and ensure this information is complete and accurate. We/I understand it is our responsibility to keep this up to date.

The following documents: Parent/Guardian Agreement, participant medical data record, participant waiver, athlete oath, and must be signed and presented to Pickering Athletic Centre, along with all necessary payments prior to your child(ren) participating in their programs.

Accessible Customer Service

I, _____, parent/guardian(s) of _____ (child) have read and understand the Accessible Customer Service agreement.

I have been trained on _____ (day) of _____ (month), 20_____.

I have been trained via;

_____ Previous work related

_____ Previous volunteer related

_____ Online from website provided in Competitive Handbook

_____ Printed document provided in binder in front lobby by Pickering Athletic Centre

_____ Other

Dated this _____ day of _____, 20_____

Parent/Guardian Signature _____

**COMPETITIVE ATHLETE AND COACH PARTICIPANT WAIVER/
PERSONAL INFORMATION /CODE OF CONDUCT
2018-2019**

* Both pages must be completed. **Only Official Gymnastics Ontario forms will be accepted.

Participant Name _____	Discipline: (please check appropriate box)
Club Name _____	<input type="checkbox"/> Women's Artistic <input type="checkbox"/> Men's Artistic <input type="checkbox"/> Trampoline & Tumbling <input type="checkbox"/> Rhythmic Gymnastics <input type="checkbox"/> Acrobatics <input type="checkbox"/> Aerobic Gymnastics

PARENT/GUARDIAN CONSENT OF PARTICIPATION AND WAIVER

I acknowledge that there is potential risk for injury involved in training and competing in any sport. By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this information form, is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for the Club/Gymnastics Ontario's (G.O.) use in the delivery of a gymnastic program. I understand that Gymnastics Ontario has tried to create a safe and controlled environment for participation and that the Club has established rules for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the Federation.

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize Gymnastics Ontario to collect and use personal information about me/my child/ward, including name, address, email, telephone number, cell phone number, sex, age, date of birth and any other additional information required by the Federation for its own needs for the following purposes:

- a. Receiving communications from Gymnastics Ontario;
- b. Receiving information from Gymnastics Ontario's official sponsors, partners and suppliers;
- c. Receiving information from Gymnastics Canada Gymnastique's official sponsors, partners and suppliers through Gymnastics Ontario;
- d. Ensuring appropriate age group and category;
- e. Determining eligibility;
- f. Media relations and publishing sports information;
- g. In case of medical emergencies;
- h. Determining membership demographics and program wants and needs;
- i. Posting rosters, statistics, images and results on website of Gymnastics Ontario.

I also authorize Gymnastics Ontario to disclose my child's/ward's personal information to Gymnastics Canada Gymnastique for the purpose of annual demographic reporting, registration, posting competition information, organizational needs and to communicate with registrants about gymnastics programs, events and activities; Amilia and third party agent to solely facilitate direct mailings from Gymnastics Ontario.

I consent to Gymnastics Ontario and my gymnastics club to take photographs, videotape or digital recordings of me/my child/ward and to use these in any and all media, including the Gymnastics Ontario website. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting Gymnastics Ontario's Privacy Officer at 647-344-3975 or email: operations@gymnasticsontario.ca

Participants at any event that Gymnastics Ontario is involved in may have their image, likeness, name (excluding personal address, phone, fax number, and/or email address), province city/town, as well as rank within Canada and previous performing, competitive, judging choreographing or coaching history used in publications and on the internet by Gymnastics Ontario 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 Gymnastics Ontario 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 as outlined above, and image on Gymnastics Ontario and Gymnastics Canada Media, including newsletter, website, poster, brochure, video, sponsorship packages.

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

I, _____ of the Town/City of _____ and Province of Ontario, am fully informed as to the contents of this consent and understand the full import of powers to Gymnastics Ontario, solemnly declare that I am of legal age and have authority and capacity to bind myself/my child/ward and have executed this consent voluntarily. I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the club and GO of any changes immediately.

Signature of Participant (or Parent/Guardian if participant is under the age of 18)

X _____

Printed Name: _____

Date (d/m/y): _____

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CODE OF CONDUCT

INTRODUCTION:

- Conduct, at all times, shall reflect honesty, good sportsmanship, courtesy and respect toward others.
- All policies, procedures, rules and regulations of Gymnastics Ontario must be followed at all times.
- Athletes (and their parent/guardian if under legal age) and coaches are required to read and abide by the Rules of Conduct, if selected to an Ontario Team. All selected athletes and coaches shall receive a copy of Gymnastics Ontario Rules of Conduct for Ontario Team Representatives.
- Coaches bear the primary responsibility for preparing athletes to conduct themselves properly at any event or competition sanctioned by Gymnastics Ontario.
- In the Rules of Conduct, the term “delegate” refers to any athlete, coach, judge, chaperone, or other official traveling as part of the Ontario delegation to a competition. “Legal age” means 18 years of age. If the legal age of the country or province where a competition is located is higher than 18 years of age, then such older legal ages shall apply.

GENERAL GUIDELINES:

- All delegates are expected to abide by the decisions of Team Officials.
- All delegates are expected to comply at all times with the rules, regulations and protocol as laid out by the organizing committee of the competition.
- i. Dress Code:**
 - All delegates are expected to comply with dress codes. This includes traveling attire and attire at the competition locations, warm-ups, and competition.
- ii. Curfew:**
 - All athletes are expected to comply with curfews before, during, and after competition. Curfews shall be set on the basis of age and not discipline or gender.
 - Where athletes of different ages are rooming together, the curfew applicable to the youngest athlete shall apply to all athletes assigned to the room.
 - Curfews must be obeyed, except where a competition or training is scheduled or continues beyond the appointed curfew time.
 - The Head of the Delegation may set a reasonable curfew to be followed by any other delegation members staying at the same facility as athletes.
- iii. Travel/Accommodation:**
 - All delegates are expected to comply with team travel arrangements and schedules. Any delegates requiring special arrangements due to extenuating circumstances must make such arrangements through the Team Manager prior to travel.
 - All athletes are expected to remain with the team during travel, and at the competition location, unless specific permission is received from Team Officials. Arrangements should be agreed upon between athlete, coach, and Team Manager at the beginning of the trip, for those at age of majority and mature enough to be responsible for themselves. Such athletes must ensure that their coach and/or Team Manager know of their whereabouts at all times.
 - When Ontario athletes travel to competitions with their own club, the club is responsible for the athletes' conduct.
 - Accommodation changes, if different than those formally arranged by Gymnastics Ontario, for the official hotel or official residence when attending any Gymnastics Ontario sanctioned competition, training camp or demonstration must be approved by the Head of the Delegation or Team Manager.
- iv) Alcohol/Banned Substances:**
 - All delegates are subject to restriction as to the use of alcohol or any banned substances as prescribed by Law, any other sport governing body or Sport Canada, or any conditions or restrictions imposed by any local authority.
 - Use of banned substances for improving performance is prohibited as specified within Sport Canada's anti-doping policies and testing procedures.
- Vandalism/Theft:**
 - Any and all delegates guilty of damaging property, theft or vandalism shall be held totally responsible, and shall be required to make reimbursement or restitution.
- vi. Sportsmanship:**
 - Delegates are expected to conduct themselves in a sportsmanlike manner.
- vii. Harassment:**
 - Harassment in any form or discrimination contrary to the Canadian Charter of Rights & Freedoms or the Ontario Human Rights Code is prohibited. For further information please consult the Gymnastics Ontario Harassment policy.

I have read, understand and agree to abide by the Participant Code of Conduct:

Participant Signature:

X _____

Printed Name: _____

Date: _____

Parent/Guardian Signature (if participant is under the age of 18)

X _____

Printed Name: _____

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in Gymnastics Ontario, I, the participant, parent/guardian if under 18, agree as follows:

1. I understand that I cannot take part in any sanctioned competition until this registration has been validated and the registration data has been entered in Gymnastics Ontario's computerized registration system.
2. I have reviewed the waiver/participation agreement and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of Gymnastics Ontario's published rules and agree to be bound by them.
4. I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration voluntarily.
5. I hereby accept the terms and conditions as described above (Initials) _____ (participant or parent/guardian if under 18 years)



FORM 1
COMPETITIVE ATHLETE
MEDICAL DATA RECORD

NOTE: IF THE REQUESTED INFORMATION IS NOT PROVIDED, THE APPLICANT WILL NOT BE PERMITTED TO PARTICIPATE IN THE ACTIVITY

PLEASE PRINT CLEARLY IN INK OR TYPE

NAME OF PARTICIPANT			BIRTH DATE (D/M/Y)
NAME OF CLUB	G.O. MEMBER #	DISCIPLINE	COMPETITIVE LEVEL/STREAM
ADDRESS			
CITY	PROVINC	POSTAL CODE	TELEPHONE NO.
NAME OF PARENT/GUARDIAN (If under 18)		RELATIONSHIP	TELEPHONE NO.
PLEASE LIST ALL EXISTING MEDICAL CONDITIONS/ALLERGIES (INCLUDING FOOD) OF THE PARTICIPANT			
PLEASE LIST ANY MEDICATIONS REQUIRED (TYPES/TIMES REQUIRED/STORAGE REQUIREMENTS/ADMINISTRATION PROCEDURES)			
NAME OF FAMILY PHYSICIAN	TELEPHONE # OF PHYSICIAN	FAX # OF PHYSICIAN	
<p>I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined in the reasonable discretion of his/her Personal Coach/Team Manager. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.</p>			
<p>I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ENSURE THAT THE INFORMATION ON THIS FORM IS KEPT CURRENT AND I WILL NOTIFY THE CLUB OF ANY CHANGES IMMEDIATELY</p>			
SIGNATURE OF PARTICIPANT (OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18)			DATE (D/M/Y)

PLEASE KEEP THIS FORM ON HAND. G.O. MAY REQUEST A COPY OF THIS FORM FOR INSURANCE PURPOSES.

The Coach is expected to have a copy of this form on hand for any competition or training.

(Over)

EMERGENCY CONTACT INFORMATION

IN THE CASE OF AN EMERGENCY INVOLVING THE <u>PARTICIPANT</u> , PLEASE CONTACT ONE OF THE FOLLOWING INDIVIDUALS			
1.	NAME		HOME TELEPHONE NO.
	RELATIONSHIP		BUSINESS TELEPHONE NO.
	ADDRESS		
2.	NAME		HOME TELEPHONE NO.
	RELATIONSHIP		BUSINESS TELEPHONE NO.
	ADDRESS		
3.	NAME		HOME TELEPHONE NO.
	RELATIONSHIP		BUSINESS TELEPHONE NO.
	ADDRESS		

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE HEAD OF DELEGATION/TEAM MANAGER/TEAM COACH FOR
COMPETITIVE ATHLETES ONLY

PARTICIPANT RELEASE

THIS SECTION MUST BE COMPLETED IN THE EVENT OF AN EMERGENCY WHICH NECESSITATES THE RELEASE OF THE PARTICIPANT FROM THE ACTIVITY PRIOR TO THE PLANNED DEPARTURE TIME			
DATE RELEASED (D/M/Y)	TIME	RELEASED TO (PRINT NAME)	RELEASED TO (SIGNATURE)
ADDRESS (Street/P.O. Box No.)			TELEPHONE NO.
CITY	PROVINCE	POSTAL CODE	BUSINESS TELEPHONE NO.
PERSON TAKING RESPONSIBILITY IS KNOWN BY PARTICIPANT:		IDENTIFICATION CHECKED:	TIME RETURNED/COMMENTS
RELEASED BY (PRINT NAME)		RELEASED BY (SIGNATURE)	



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ATHLETE OATH

As an athlete of the Pickering Athletic Centre I promise to:

- ☺ Be kind, support, and respect my teammates at all times
- ☺ Use appropriate words at all times
- ☺ Follow Gymnastics Ontario Code of Conduct
- ☺ Realize that if today’s training is not going well, “trying” to work through a bad day will eventually lead me to my goals.
- ☺ Be honest with myself and accept responsibility for my decisions and actions.
- ☺ Respect my coaches’ decisions because they have my best interest at heart.
- ☺ Respect my coaches at all times

Not complying with the PAC Athlete Oath will result in the following steps:

<u>First Offence:</u> A verbal warning to the athlete.	<u>Second Offence:</u> A written warning sent home.	<u>Third Offence:</u> Temporary suspension from the program.
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Athlete Signature: _____.

Parent/Guardian Signature: _____.

Date: _____.



— You'll Flip Over Us! —

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PAYMENT POLICIES AND INFORMATION

Monthly fees:

- Monthly training fees are due on or before the 1st of every month. Payments may be submitted in one of two ways:
 - **Pre-authorized withdrawal** by VISA, MasterCard, or bank account
 - **Please note:** If your account is set up for pre-authorized withdrawals for monthly fees, **only** monthly fees will be withdrawn automatically. Payment for fees such as competition fees, coaches expenses, annual Gymnastics Ontario registration fees, and more will be required to be made separately
 - **Manual payment** in the office or over the phone by VISA, MasterCard, debit, or cash
- A semi-monthly billing option is available. Monthly fees may be split in two, with half due on the 1st of the month and the other half due on the 15th of the month
- A \$10 administrative late fee will be added to the account on the 2nd of the month if monthly fees remain unpaid
- An additional \$10 administrative late fee will be billed to the account for every 10 days the fee is overdue
- Monthly fees are subject to change in January of each year

Competitive attire:

- Payment for attire is due at the time of sizing
- Payment may be submitted manually to the office (debit, VISA, MasterCard, or cash) or requested to be withdrawn from the credit card or chequing account on file

Overdue fees:

- All fees are due by the date indicated with the billing notice
- An athlete will be suspended from training if a fee is overdue by two weeks
- An additional \$10 late fee will be billed to the account for every 10 days a fee is overdue
- The outstanding fee and late fee(s) are required to be settled in full to avoid suspension or resume training after suspension

I acknowledge that the above payment policies will be followed and enforced at all times by Pickering Athletic Centre.

Parent/Guardian Signature: _____ Date: _____