

**North Peace Gymnastics Association
Consent & Waiver Form
Fort St. John, BC**

As the Parents/Guardians of _____ I _____
Hereby authorize the following:
(Please initial every statement)

_____ I give my permission for my child(ren) to be transported by North Peace Gymnastics Association staff, or arrange for transport to the NEAREST SUITABLE MEDICAL OR HOSPITAL FACILITY in the event of an emergency situation that is not treatable at the scene. I also authorize my child(ren) to be medically treated as determined appropriate by the staff of the North Peace Gymnastics Association. I agree that any cost incurred for such services shall be my responsibility.

_____ I give my permission for the use of photographs, film, slides, and videotapes of my children taken during the program for in-house and promotional purposes within the North Peace Gymnastics Association and on outings.

_____ I understand that Gymnastics and Trampoline activities, by their nature, involve certain elements of risk, which have potential for bodily injury, A portion of the registration fees paid to Gymnastics BC/BC Trampoline Federation is allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit my child to participate.

_____ The collection, use disclosure and retention of your personal information are all regulated by law in British Columbia. The North Peace Gymnastics Association collects and uses your personal information primarily to provide you with the programs, services, products and information you require as a member. To enable NPGA to manage and develop its operations NPGA may share your personal information with Gymnastics BC, Gymnastics Canada and various levels of government as required. If you do not want to be included on the GBC mailing list, please advise the NPGA in writing.

Date

Signature of Parent/Guardian

Date

Signature of NPGA Administration