

PARTICIPANT INFORMATION, PERMISSION AND WAIVER FORM

WAG CCP1-10, Xcel Gold, MAG P1-HP, Trampoline and Double Mini P1-6

December 6 – 8, 2024

Hosted by: Winnipeg Gymnastics Centre

This personal information is being collected for use in the case of a medical emergency, and to determine eligibility, age group and appropriate level of competition.

PART I – PERSONAL INFORMATION

Gymnast Name: _____

Birthdate (DD/MM/YYYY): _____ Phone Number: _____

Address: _____ City/Town: _____

Email: _____ Postal Code: _____

PART II – MEDICAL INFORMATION

Family Physician: _____ Phone Number: _____

Address: _____

Name of Parent or Guardian (if participant is under 18): _____

Phone Numbers: (Home) _____ (Work) _____ (Mobile) _____

Emergency Contact Name and Phone Number: _____

List any medical conditions or allergies that competition personnel should be aware of:

List any medications the athlete is currently taking: _____

PART III – WAIVER & PERMISSIONS

In consideration of your acceptance of my participation I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators waive and release and forever discharge any and all rights and claims for losses, damages and/or injuries, which I may have or may hereafter accrue to me against the Winnipeg Gymnastics Centre and Manitoba Gymnastics Association, the Organizers or their respective officers, agents, representatives, and/or assigns for any and all losses, damages and injuries which may be sustained and suffered by me in connection with my association with or entry in this competition, any activities associated with, or which may arise out of my traveling to, participating in and returning from, said event, Including the transmission of Covid-19.

I give permission for emergency medical/surgical care to be given by local practitioners in Manitoba. It is understood that wherever possible the above designated emergency contact person shall be contacted, informed of the problem, diagnosis, treatment required and hoped for result.

As per the Canadian Privacy Act, consent is required to publish a participant's name and competition results in the media. Unless otherwise indicated in writing, I give permission to publish my/the participant's name, club and results achieved at this competition.

Signature (must be Parent or Guardian if participant is under 18)

Date

Relationship to Participant: _____