



**Fraser Valley**  
*Rhythmic Gymnastics*

**Registration Forms**

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Province) (Postal Code)

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
Month Day Year

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FVRG uses email as its primary form of communication**

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_

## Health Information

BC Care Card Personal Health Number:

|\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|

Does your child have any allergies?  Yes  No

Specific Instructions: \_\_\_\_\_

\_\_\_\_\_

Does your child have any health concerns?  Yes  No

Specific Instructions: \_\_\_\_\_

\_\_\_\_\_

Does your child have any behavioral challenges?  Yes  No

Specific Instructions: \_\_\_\_\_

\_\_\_\_\_

Other information you would like us to know about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Consent

### Medical

- 1) Fraser Valley Rhythmic Gymnastics will notify a parent when a child is ill or needs medical attention. When a parent cannot be contacted, a person deemed as an emergency contact will be contacted.
- 2) In the case of medical emergency, Fraser Valley Rhythmic Gymnastics will call for professional medical attention. Parents/emergency contacts will be notified immediately.

I understand the procedures Fraser Valley Rhythmic Gymnastics will employ in case of a medical emergency involving my child. I understand I will be responsible for any medical expenses involving my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Images

Fraser Valley Rhythmic Gymnastics will occasionally use pictures of their gymnasts for promotional purposes. Pictures may be used by Fraser Valley Rhythmic Gymnastics, or its' governing bodies; BC Rhythmic Sportive Gymnastics Federation (BCRSGF), Gymnastics BC and Gymnastics Canada.

I give permission for photos of my child to be used may used for promotional purposes by Fraser Valley Rhythmic Gymnastics, or its governing bodies.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date