



STAMPEDE CITY

Calgary Classic Recreational Meet

We wish to extend an invitation for you to attend our Stampede City Gymnastics Recreational Fun Meet for the 2016 season. Our Recreational Fun Meet is open to all athletes ages 6 and up. This is a great opportunity for recreational athletes to experience the fun and excitement of a gymnastics competition. All CanGym badge levels welcome.

DATE: Saturday June 11th at 6:00pm and Sunday June 12th at 9:00am
Sunday June 12th at noon for JO teams

PLACE: Stampede City Gymnastic Club

REGISTRATION:

\$50.00 per athlete – athletes work on routines during class time, if more time is needed for routines please talk to your athletes coach to set up private gym time.

- ❖ Please drop off the entry form, record of consent, and participant release form with payment at the front office.
- ❖ Payment can be made by cash, cheque or debit.
- ❖ Please note refunds will be issued for medical reasons only. A medical note will be required.

ENTRY DEADLINE: May 16, 2016

CONTACT INFORMATION:

Laura Fiumano - Recreational Co-ordinator

Email: office@stampedecitygym.com Phone: (403) 275.4722

AWARDS: Prizes and participant gifts for all athletes

LIMITED SPACE AVAILABLE - REGISTER TODAY

Athlete Name	
Parent(s) name	
Home Phone	()
Cell Phone	()
Email address	
Birthdate	Age
Badge Level	
Current Class (Include Day, Time and Coach)	

FOR ADMINISTRATION ONLY

Fee		Method	
Date Paid		Received by:	

RECORD OF CONSENT

Calgary Classic

June 11/12, 2016

EVENT LOCATION: Stampede City Gymnastic Club, Calgary, Alberta

Participant's Name: _____

Participant's Date of Birth: _____

I, _____ hereby give my consent and authorization for
(Parent/Guardian)

_____ to attend and participate in the gymnastic meet held at
(Gymnast)

Stampede City Gymnastic Club, Calgary, Alberta.

In the event of a medical emergency, I hereby authorize medical treatment as may be reasonably required. It is understood that wherever possible, I shall be contacted and informed of the problem, treatment required and results

Special Health or Medical Information:

Alberta Health Care Number: _____

Emergency Contact: _____ Phone #: _____

Alternate Contact: _____ Phone #: _____

Signature of Parent/Guardian _____

Signature of Witness _____

Signed this _____ day of _____, 2016

PARTICIPANT'S RELEASE FORM

Calgary Classic
June 11/12, 2016

EVENT LOCATION: Stampede City Gymnastic Club, Calgary, Alberta

Participant's Name: _____

In consideration of your acceptance for registration in the above captioned competition I, the undersigned, hereby waive and release all rights and claims for damages which I have or which may hereafter accrue to me against Stampede City Gymnastic Club, the owners and/or operators of the facility in which the said competition is being held, and any of their employees, agents or assigns in respect to injuries which I may sustain in the course of participation in the said competition, including activities not directly related to competing therein, and travel to or from the said facility.

SIGNED THIS _____ **DAY OF** _____ **2016**

PARENT/GUARDIAN: _____

WITNESS: _____

Freedom of Information and Protection of Privacy Act (FOIPP)

Stampede City Gymnastic Club may be contacted by the media for participant quotes, interviews or pictures. These sounds and images (video and still) may be published or aired in a variety of locations, including audio tapings on television, radio and newspaper, as well as Stampede City Gymnastic Club's website and publications. Your permission is required for the above to take place.

SIGNED THIS _____ **DAY OF** _____ **2016**

PARENT/GUARDIAN: _____