



Aerials GYMNASTICS

You're Invited

Aerials Gymnastics invites your school to the
Coollest Field Trip Ever

Thank you for booking your field trip with Aerials Gymnastics!

Please look over this booklet and submit all the necessary paperwork to ensure your group is completely ready to participate.

Border Paving Athletic Centre

#9 Tri Leisure Way

Spruce Grove, AB, T7X 0T3

Phone: 780.962.5350

Fax: 780.962.5349

info@aerialsgymclub.com

www.aerialsgymclub.com





New Location

Border Paving Athletic Centre
#9 Tri Leisure Way, Spruce Grove, AB, T7X 0T3
Phone: 780.962.5350 Fax: 780.962.5349
info@aerialsgymclub.com www.aerialsgymclub.com



Event Contact

Lindsay Kiezik
Executive Director
Phone: 780.962.5350
Lindsay@aerialsgymclub.com

Fieldtrip Guidelines

Costs

\$7.00 Per Child Per Hour.

The Booking must be a minimum of 1 hour & 10 student minimum.

Payment can be made via:

cash/cheque/debit/credit made payable to:
Aerials Gymnastics - Box 3381
Spruce Grove, AB, T7X 3A7

Available Times

Our standard booking times for field trips are:

Tuesday & Thursday

12:30-2:30

We book our field trips on a first come first served basis. Please book early to ensure you get the date and time you prefer. It's best to call us to check availability.

Volunteers

Volunteers are sometimes needed to facilitate a smooth running field trip. Volunteers can be teachers, parents or even students if they are in a leadership program. If children are very young please have an extra parent taking pictures instead of them helping in their group and taking pictures at the same time.

Arrival

Students & parents can put shoes/boots on the shelves in the bootroom, then to the change room to take off coats and socks. Line up by the pony wall and your coach will take the students into the gym to start the field trip.

During the Fieldtrip

A coach will lead them through a game and stretch. Once stretch is done, a coach will explain the circuits and rules of the gym before the students are directed into their groups. A coach will direct each group where to start with the volunteer's traveling with their group to each circuit or event. Depending on the length of the field trip, there are fun games and challenges that are incorporated into the field trip aside from the gymnastics instruction. There will be a cool down activity to wrap things up.

Departure

The coaches will lead the students back to the boot room to get ready for the bus or to be picked up by their parent.

Safety

Safety First! Your coach will start your field trip with "Gym Safety". Please make sure long hair is tied back and any jewelry is not worn inside the gym.

Waivers for all participants

At the back of this booklet is a waiver that needs to be signed by the parent or guardian of every participant. Please make as many copies as needed and return them to us on the day of the field trip.

ALL CHILDREN ATTENDING THE BOOKING MUST HAVE A SIGNED WAIVER FROM THEIR PARENT/GUARDIAN TO BE ALLOWED TO PARTICIPATE IN THE GYM



Summary of Registration

New Location

Border Paving Athletic Centre
 #9 Tri Leisure Way, Spruce Grove, AB, T7X 0T3
 Phone: 780.962.5350 Fax: 780.962.5349
 info@aerialsgymclub.com
 www.aerialsgymclub.com



Renters Information

School or Organization: _____

Renters Name / Contact Person: _____

Phone Number: _____ Fax Number: _____

Email: _____

Billing Information (Please fill out if different from Renters Information)

Billing Contact: _____ Billing Email: _____

Billing Address: _____

Billing Phone Number: _____ Billing Fax Number: _____

Summary of Information

Book multiple dates early to ensure your group doesn't miss out! Call us to check availability first!

Rental Date M/D/Y	Rental Time	Age Range	Number of Volunteers	Number of Students or participants	Number of Hours	Cost	Total
1.						\$7.00	
2.						\$7.00	
3.						\$7.00	
4.						\$7.00	
5.						\$7.00	
6.						\$7.00	
7.						\$7.00	

Total Due _____

I have read and understand the policies and procedures indicated within this booklet

RENTERS SIGNATURE: _____

DATE: _____

Office Use Only

Paid By: _____

Cheque # _____ CC _____

Cash Date: _____ Invoice: _____

Signature _____

Please make all payments to Aerials Gymnastics - Box 3381 Spruce Grove, AB, T7X 3A7

Please email this form back to info@aerialsgymclub.com



Participant Release Form

Border Paving Athletic Centre info@aerialsgymclub.com
211 Jennifer Heil Way, Spruce Grove, AB www.aerialsgymclub.com
Phone: 780.962.5350 Fax: 780.962.5349



FIRST NAME:	LAST NAME:	DATE OF BIRTH:	GENDER:
ADDRESS STREET:	CITY:	PROVINCE	
POSTAL CODE:	PARENT/GUARDIAN NAME:	TELEPHONE:	
EMERGENCY CONTACT	TELEPHONE:	CLUB NAME:	

Club Programs are defined and include all multiple gymnastics related activities

Alberta Freedom of Information and Protection of Privacy Act. (FOIP) By signing below I consent to having the information in this document collected by The Directors of Aerials Gymnastics. The personal information requested on this form is collected under the authority of Aerials Gymnastics and Section 33 © of the FOIP Act to allow participation in programs. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIP Act.

Photo/Video Release

I acknowledge that Aerials Gymnastics may take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising purposes. I agree to have my/my child's picture and/or video used for advertising purposes _____ **(initials)**.

Description of Risks

I am aware that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. **I acknowledge that personal harm or injury may be sustained during my/my child/children involvement in the activity, for example broken bones, head injuries, dislocations, tendon and ligament damage, damage to teeth and dental work, spinal injuries that could result in various degrees of paralysis or death. I acknowledge and assume the potential risks and consent to my/my child/children participation.**

Consent to Participation:

- I/my child have/has been informed that I/he/she is to abide by the rules and regulations including directions and instructions from the administrators, instructors, and supervisors as imposed on me/my child/children while participating in the program.
- In the event that I/my child fails to abide by the rules and regulations imposed on me/my child/children while participating in the program, disciplinary action may either require that I/he/she not participate in the program or activity, or that I will leave/be contacted to have my child picked up or transported home at my own expense.
- I acknowledge that it is my responsibility to notify the staff of any physical or mental concerns for me/my child which may affect my/my child's participation in the program.
- I acknowledge that the program may require an instructor to perform some manual spotting which involves direct physical contact with my child and designed to assist the participant in the safe performance of the program skills.

Waiver of Liability

I acknowledge that I have read the above description of risks and accept responsibility for my own actions/my child/children actions. I also acknowledge that I understand, appreciate and accept the physical risks associated with my participation in and / or in Aerials Gymnastics program, and that I have executed this understanding of risk agreement voluntarily.

In consideration of my/my child's participation in the program with Aerials Gymnastics with its inherent risks and hazards, I agree to:

- Waive and Release any and all claims against all liability for personal injury, death, property damage, or loss that I/my child may suffer, arising from any cause whatsoever, that I or my child may have now or in the future against Aerials Gymnastics, its elected directors and officers, employees, agents, volunteers, and representatives, or any of them in connection or participation within the program

Medical/Emergency

I hereby authorize basic first aid to be delivered to me/my child by the club staff or other authorities. By administering first aid when required or requested, the Aerials Gymnastics in no way warrants or assumes any liability in relation to the administration of such basic first aid.

I further understand and agree that, in the case of an emergency; the Aerials Gymnastics assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

I CONFIRM THAT I HAVE READ, COMPLETED AND UNDERSTAND THIS LEGAL AGREEMENT, I AGREE TO BE BOUND BY ITS TERMS, AND I AM AWARE THAT BY SIGING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS AGAINST AERIALS GYMNASTICS.

Signed this _____ Day of _____, 20____ at _____

Signature of Participant (if over 18 years of age): _____ Signature of Witness: _____

Signature of Parent or Guardian (as named above): _____ Signature of Witness: _____