Aerials Gymnastics Playschool

Our playschool program is based on learning through play. Structured fun in the class room and in the gym!

3 year old Fridays

4 year old M&W / T &Th

2025-2026 Handbook

Border Paving Athletic Centre
100, #9 Tri Leisure Way
Spruce Grove AB T7X 0T3
Phone: 780.962.5350
info@aerialsgymclub.ca
www.aerialsgymclub.ca

Welcome to
Aerials Gymnastics Playschool!

We hope that this information will help to answer all your questions. Please take the time to meet your child's teachers and feel free to ask questions.

Aerials Gymnastics Playschool is a part of the Aerials Gymnastics Club and operates under the guidance of a board of directors composed of volunteer parents. As a non-profit organization, we value and encourage parental involvement. Parents are invited to actively participate and attend all general meetings to contribute to the success of our playschool community.

Aerials Gymnastics Playschool embraces the concept of "learning through play" and offers a unique program combining playschool activities with gymnastics.

By enriching children's play, they learn cooperation, problem solving, language, mathematics and how to express themselves in a creative and socially acceptable manner. They develop curiosity, self-esteem, strength and coordination, self-directions and values.

Playschool days, times and age requirements

The 2025/2026 year will run from Monday, September 2nd 2025 - June 19th, 2026.
Playschool will be closed on statutory holidays and follows the Parkland School Division public school calendar for Christmas, Easter, Spring and Fall breaks and PD Days. A new playschool calendar will be available on our website soon. Classes typically start one week after PSD and end one week earlier than PSD.

4 year old

Monday & Wednesday
mornings or afternoons

Must be 4 before Dec 31st, 2025
9:00am - 11:30am or
12:15pm - 2:45pm

4 year old

Tuesday & Thursday
mornings or afternoons

Must be 4 before Dec 31st, 2025
9:00am - 11:30am or
12:15pm - 2:45pm

3 year old

Fridays
morning

Must be 3 before Aug 31st, 2025
9:00am - 11:30am

Meet our Teachers!

Patti Lowe
Playschool Director & Teacher

Hello, I'm Patti Lowe, and I am honored to be the Playschool teacher at Aerials Gymnastics Playschool. With a Bachelor of Education degree from the University of Alberta, I bring over a decade of teaching experience to our playschool community.

I started my journey in education as an Elementary School teacher in 2008, and in the fall of 2021, I happily joined the Aerials family. Here at Aerials, we believe in the power of learning through play. Our commitment is to provide experiences that ignite curiosity, fuel imagination, and encourage creativity in every child.

I am excited to be a part of your child's early learning adventure at Aerials Playschool. If you have any questions or would like to learn more about our program, please feel free to reach out to me!
pattil@aerialsgymclub.ca

Jalynn Rook
Playschool Teacher

Hello, I'm Jalynn Rook and I've been a part of the Aerials Playschool family since 2020. With a passion for early childhood education, I earned my Early Learning Childcare Certificate from Northwestern Polytechnic in early 2022.

One of my most treasured aspects of Playschool is watching children explore and learn through dramatic play centers. The creativity and imagination they bring to these spaces are truly inspiring. Moreover, I absolutely adore the stories that the little ones share with us – each one is a unique and delightful adventure.

At Aerials Playschool, we're dedicated to creating a nurturing and engaging environment for your child to learn and grow. I look forward to being a part of your child's educational journey!
jalynnr@aerialsgymclub.ca

Meet our Coaches

Our certified coaches help our students develop the fundamental movement patterns that are the building blocks to physical literacy, setting them up for lifelong success in any athletic activity they choose!

Paula Kubica-Grant
Gymnastics Coach

Quick Contacts:

Lindsay Kiezik
Executive Director
lindsayk@aerialsgymclub.ca

Nadia C
Recreational Director
nadiac@aerialsgymclub.ca

Fee schedule

	3 YEAR OLD	4 YEAR OLD
Registration Fee: Non Refundable	$155 *	$155 *
Annual Cost - 10 months September – June	$1,200 ($200 with grant)	$1,600 ($600 with grant)
Monthly Option 1st of every month Void cheque or credit card	$120 ($20 with grant)	$160 ($60/m with grant)

Visa, Master Card, Debit, Cash

* Registration Fee subject to change as AGF has not finalized rates for Insurance

Affordability Grant Funding

As a non-profit fully licensed playschool facility, our program is eligible for the Affordability Grant Funding through the Federal-provincial child care agreement. We have signed an Agreement with the Government of Alberta for the Affordability Grant Funding and monthly fees are adjusted accordingly.

Withdraw policy

For students withdrawing from Playschool, one (1) month's written notice must be emailed to our executive director Lindsayk@aerialsgymclub.ca prior to withdrawal. Absences from the program DOES NOT constitute withdrawal.

Drop-off & pick-up

Aerials Gymnastics Playschool is located in the Border Paving Athletic Centre at 9 Tri Leisure Way. The Playschool is in the Qualico Kids Zone, located to your right upon entering the facility.

1. Parents should wait with their children down the hallway in an orderly fashion to avoid disturbing city staff working at the nearby front desk.
2. Parents must drop their children off with the teacher while signing their child in.
3. Please sign your child in using our sign-in sheet.
4. Children will independently, but with teacher guidance, remove all outdoor clothing and footwear in the Playschool boot room and proceed directly to start their class.
5. Doors will open 5 minutes before class begins for drop-off and 5 minutes prior to the scheduled pick-up time.
6. If you might be late (e.g., due to a doctor's appointment or quick trip into the city), please inform the teacher in advance.
7. Always notify the teacher if someone else will be picking up your child or if they are carpooling with another family.
8. Don't forget to sign your child out.
9. Please be careful and mindful in the parking lot.

Nutrition & snacks

Please provide a healthy, nut-free snack for your child. The snack should consist of one or two items, be easy to open, and take no more than 5-10 minutes to eat. We kindly request that you refrain from including sweets, juice boxes, or fruit cups. Please adhere to these guidelines to avoid causing disruptions, as other children will notice when exceptions are made (e.g., juice boxes or brownies).

There will be events and parties where you may be asked to bring special foods or drinks.

Provide water in a clearly labeled water bottle.
Pack all snacks in a lunch container that is clearly labeled with your child's name.

NOTE: SIGNING IN AND OUT IS A LICENSING REQUIREMENT

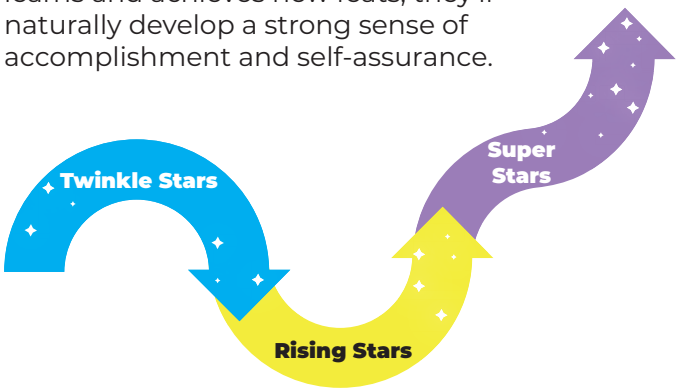
Gym Time!

Our students spend 45 minutes of each class in the Gymnasium.

Students jump their wiggles out on the equipment and play active games with parachutes, balls, hoops and a variety of other equipment. They develop physical literacy skills on floor, vault, balance beam, bars and trampoline, all under the direct guidance and supervision of our certified coaches.

Stars Program

Students progress through our Recreational gymnastics Stars Program at their own individual pace throughout the school year. As your child learns and achieves new feats, they'll naturally develop a strong sense of accomplishment and self-assurance.



At the end of the year, you will receive a gymnastics report card detailing your child's accomplishments. It will also provide recommendations for recreational classes to consider if you wish to continue their gymnastics journey after playschool ends in June.

The 3 goals of recreational gymnastics

1. Fun!

Our main priority is having FUN! We want every child to love gymnastics, so we focus on making every class fun. We do this through games, songs and imagination & sometimes, outright silliness!

2. Physical Literacy

We believe in the importance of an active lifestyle. We want gymnasts to move and be active in every class so that they gain overall fitness. Increasing strength and flexibility are two key aspects to our program, but we also focus on endurance, agility, power, balance, coordination and spatial awareness.

3. Skill Acquisition

We want gymnasts to learn gymnastics skills. We teach these skills through the use of progressions, meaning that each level in our system builds upon the skills in the previous level. For this reason, we require that a gymnast master all the skills in a level before moving on to the next level.

To maintain a clean and safe environment for everyone, please follow these expectations:

Safety Awareness:

Participants must be aware of the risks associated with gymnastics and carefully follow instructions from coaches and teachers.

Appropriate Attire:

- Wear comfortable, easy-to-move-in clothing.
- No jeans, glittery clothing, or items with metal buttons, buckles, or zippers.
- No jewelry, headbands, or hair bows.
- No socks or stockings.
- Long hair must be tied back.
- Warts must be taped.

Cleanliness:

Keep the gym tidy, especially in the viewing area, change rooms, boot room, and washrooms. Germs can spread easily as athletes are often barefoot.

Food and Drink:

Only water is allowed in the gym.

Gym Access:

Children are not allowed to enter gym spaces before or after class for safety reasons.

Behavior:

Proper conduct is required at all times in the Border Paving Athletic Centre. Profanity or disrespect within the facility or on the property is not allowed.

Class Adjustments:

While every effort is made to include gym time in each class, unforeseen circumstances may require children to have playtime in the classroom.

Apparel

In addition to dressing your child in clothing that allows free movement in the gym, please ensure they have clean, easy-to-put-on shoes for the classroom. Keep in mind that craft projects can sometimes get messy—while we provide paint shirts, they may not cover everything.

Toilet trained

The Playschool operating license prohibits us from accepting children in diapers or pull-ups. Children registered for Playschool must be fully toilet trained & meet age requirements.

School Supplies

Before the first day of school, please ensure your child has the following items:

1. **Clean indoor shoes –** These should be easy for your child to put on and take off independently.
2. **Labeled lunch kit and water bottle –** Please clearly label both items with your child's name.
3. **Extra set of clothing –** Pack an extra set of clothing (including socks) to be kept in your child's backpack in case of spills or accidents.
4. **Backpack –** Ensure the backpack is large enough to fit their indoor shoes, lunch kit, and water bottle comfortably.

Child discipline policy

Developing self-control and learning appropriate social behavior are essential components of a child's social development. Effective behavior management, or "discipline," is intended to guide children's behavior while preserving and enhancing their self-esteem. At Aerials Gymnastics Playschool, we use a combination of preventive and intervention strategies to support positive behavior.

Preventive strategies are designed to minimize the likelihood of undesirable behavior. These include implementing appropriately planned programs and setting clear, simple rules that children can easily understand and follow.

Intervention strategies are used to address and redirect undesirable behavior when it occurs. These strategies include calming the child, redirecting their focus, and offering reassurance.

Our discipline policies are as follows:

Step 1: The teacher will take proactive measures to support the child in changing their inappropriate behavior through verbal guidance, redirection, or other positive techniques.

Step 2: If the behavior persists, the parent/guardian will be contacted and asked to pick up their child.

If a child is repeatedly disruptive to the extent that it affects the learning or enjoyment of other children, the following steps will be taken:

- Playschool staff will develop an action plan in collaboration with the parents, detailing strategies for improvement and a timeline for progress.
- The action plan will be shared with the child in an age-appropriate manner.
- If disruptive behavior continues, the parent/guardian may be required to assist their child in the classroom and/or gym.
- If the behavior does not improve, the parent/guardian may be asked to withdraw the child from the program.

Discipline at Aerials Gymnastics Playschool will always adhere to the following principles:

- Discipline will not involve physical punishment, confinement, isolation, verbal degradation, or emotional deprivation.
- Disciplinary actions will be reasonable, appropriate, and focused on guiding the child's behavior.
- No child will be denied or threatened with the denial of any basic necessity.
- The use of physical restraint, confinement, or isolation is strictly prohibited.

Our teachers are committed to implementing this discipline plan with care and consistency, always prioritizing the well-being and dignity of every child.

Accident, Illness, and Health Risks

In the event of an incident (defined as an adverse traumatic event) or an accident requiring first aid, children will receive immediate attention. First aid will be administered as needed, and medical assistance will be sought if necessary. Parents/guardians will be notified immediately, and an incident report will be filed for documentation.

When a child exhibits symptoms of an illness that may be contagious, it is crucial to keep them at home.

Please DO NOT bring your child to playschool if they are experiencing any of the following symptoms:

- Vomiting
- Diarrhea
- Fever
- Excessive coughing or runny nose
- Pink eye
- Unexplained rash
- Green mucus
- Any symptoms preventing them from participating comfortably in program activities

If a child becomes ill while at playschool, parents/guardians will be notified to pick them up promptly. The child will wait at the reception desk with administration until their parent/guardian arrives.

Details of the illness will be recorded in an incident report, which will include:

- Child's name
- Date
- Symptoms observed
- Time the parent/guardian was contacted
- Time the child was removed from class
- Location where the child waited
- Date the child returned to class

All reports are filed in the office and reviewed regularly to identify trends or potential issues. Annual incident reports are submitted to the regional child care office for review.

SMOKING

Smoking is not permitted in or within ten (10) meters of the building.

Children's records

The following records are kept in the office and include the following information:
Child's name, date of birth, address, a complete enrolment form, parents' names, addresses & phone numbers, the name, address and telephone number of a person who can be reached in an emergency situation and relevant health information (allergies & medications), special needs or requests.

Administrative records

The following records are kept in the office and include the following staff information: first aide certification, child care certification, verification of criminal record checks. The teacher maintains a daily attendance of each child & the sign in sheets stating the time of arrival and departure of each child.

Portable records

A complete roster with the following information is with the teacher at all times.
Original registration forms are kept in the office.

- Childs first and last name
- Childs birthday
- Both parents first and last names
- Parents home, cell and work numbers
- Parents email address
- Address including postal code
- Emergency phone number and address for two contacts not including the parents.
- Alberta Health Card number and Dr. Phone number.
- Any Medical notes such as allergies or medications.

Allergies & administration of medication

Medications will only be administered if it is considered an emergency medication eg. Epipen or ventolin. Medication must be in original labelled container with clear directions. A medication form with details must be completed and signed and include a recent head shot of your child. The medication will be kept in a zip lock bag in sight of adults, but out of reach of children.

If emergency medication is administered, parents will be notified immediately and an incident report will be completed.(Include name, symptoms, time, who administered them). If a child has allergies, there is an allergy form that must be filled out at time of registration. The form & a recent clear photo of child will be posted in the playschool room.

All medication will be stored in a locked container, inaccessible to children. Emergency medication will also be kept out of children's reach but readily available when needed.

Health care will only be provided if:

- Written consent from the child's parent has been obtained, or
- The care is limited to first aid.

Incident reporting

All incidents will be reported immediately to the Executive Director.

Supervision policy

It is explained to the children the appropriate behaviour for classroom & gym and this is reviewed often. Respect of self, others, and property is emphasized. The children are in full view of the teacher at all times and "Nose counts" are taken often. The teacher ensures that the children are engaged in appropriate play and behaviour and if a problem arises, the children are encouraged to explain what has happened, how they are feeling and suggest a solution. The children are encouraged to participate in the projects & crafts, using their imagination and creativity. A walk-about is done often to ensure toys & equipment are safe and maintained. Children are signed in and out by their parent or care giver.

Off site activity and emergency evacuation

Off-site activities occur occasionally. Parents are notified of activity through the use of the app SeeSaw. All parents will be required to have access to the SeeSaw app for communication. Required adult/child ratio is maintained. Portable records are with the teacher at all times. In the event of an emergency evacuation, the teacher will help the children line up and leave the building according to the emergency exit plan. Portable records are with the teacher & roll call is taken. Parents will be informed. Fire drills are discussed and performed.

Communication references

SeeSaw and Email will be used as the primary form of communication. It is your responsibility to make sure Aerials has your current email or email addresses and if you require a change in your email please contact our office and also the Playschool teacher. Please make sure you add her to your contact list/mark as not junk so emails do not land up unread in junk mail.

Emergency Contacts:

Medical Emergency	911
Poison Control	1-800-332-1414
Child Abuse Hotline	1-800-387-5437
Stony Plain Hospital	780-968-3600

Registration Forms 2025 - 2026

This registration will not be processed if not entirely completed

Office Use Only

Entered in Software: _____

Portable Roster Created: _____

Child Information

Child Name: _____

Preferred name if different:_____ Gender _____

Child birthday: Day: _____ Month: _____ Year: _____

Child lives with: Both parents: ☐ or Mother: ____% Father: ____% Other_____

Medical Information

Alberta Health Care Number:_____

Family Doctor Name :_____ Phone #:_____

Are your child's immunizations up to date? ☐ Yes ☐ No

Does your child take any medications? _____

If yes, what medications? _____

Does your child have any allergies or medical conditions? _____

If yes, please describe: _____

If you answered yes to either of these two questions please complete the additional medical form, available from our playschool teacher.

Parent/Guardian Information

Parents must include a physical address (P.O. Boxes are not accepted).

Mother's name: _____

Phone: _____

Email: _____

Street address: _____

City & province_____

Postal Code_____

Father's name: _____

Phone: _____

Email: _____

Street address: _____

City & province_____

Postal Code_____

Emergency Contacts Information

As per licensing requirements, two emergency contacts are required.
These must be individuals other than the parents and must include a physical address (P.O. Boxes are not accepted).

Name: _____

Phone: _____

Relationship to the child: _____

Street address: _____

City & province_____

Postal Code_____

Name: _____

Phone: _____

Relationship to the child: _____

Street address: _____

City & province_____

Postal Code_____

Dates and Fees

Please choose your preferred class days and times, as well as your payment method.
We are approved for the Affordability Grant, and monthly fees will be adjusted when possible.

4 year old

Monday & Wednesday

Must be 4 before Dec 31, 2025

- ☐ 9:00am - 11:30am Morning
- ☐ 12:15pm - 2:45pm Afternoon

Payment method:

- ☐ $155 Reg Fee
- ☐ $160 Monthly
- ☐ $1,600 Yearly

4 year old

Tuesday & Thursday

Must be 4 before Dec 31, 2025

- ☐ 9:00am - 11:30am Morning
- ☐ 12:15pm - 2:45pm Afternoon

Payment method:

- ☐ $155 Reg Fee
- ☐ $160 Monthly
- ☐ $1,600 Yearly

3 year old

Fridays

Must be 3 before Aug 31, 2025

- ☐ 9:00am - 11:30am Morning

Payment method:

- ☐ $155 Reg Fee
- ☐ $120 Monthly
- ☐ $1,200 Yearly

Registration Date: _____ Enrollment Date: _____

Registration Fee: _____ Monthly Fee: _____

Current Affordability Grant:
$120 Monthly ($20/m with grant)
$160 Monthly ($60/m with grant)

payment methods:

☐ **Credit Card Authorization**

I authorize my child's 2025- 2026 Fees to be charged to the credit card number below on the 1st of every month, commencing Sept 2025, ending June 2026.

I understand that all declined payments will be subject to a $35 NSF.

Card Number: _____

Expiry Date: _____ CVC _____(digits on back)

Name on Card: _____ ☐ Visa

Signature: _____ ☐ Master Card

☐ **Electronic Funds Authorization**

I authorize my child's monthly fees to be charged to my bank account as per the void cheque on the first day of each month between the months of Sept 2025 - June 2026

I understand that all declined payments will be subject to a $50 NSF.

I understand that I must attach a void cheque.

Signature: _____

Off-Site Annual Activity Form 2025 - 2026

Occasionally, we will go on field trips outside our facility. Details will be shared monthly. To participate, please complete the form below, which covers the entire school year (September to June). These field trips are free, and parent volunteers are welcome to join when possible.

My Child, _____, has my permission to attend the Field Trips for the current year.

Parent/Guardian Signature _____ Date _____

All about Your Child!

Help us better understand your child by sharing their interests, strengths, and any special information. This helps us create a supportive and engaging environment tailored to their needs.

Clear form

Child's Name:_____

Preferred Name:_____

What are some of your child's special interests/likes?

Would you describe your child as outgoing or shy?

☐ ☐

What are some of his/her strengths?

Does your child leave Mom/Dad/Guardian easily?

Does your child have any previous experience in a pre/playschool setting?

What language(s) does your child speak or hear at home?

Does your child have any siblings?

Does your child have any communication/speech concerns?

Does your child have any behavioural concerns?

Is there any special information we should know about your child?

Thank you

for taking the time to complete this questionnaire!

ALBERTA GYMNASTICS FEDERATION
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

(To be executed by Participants under 18 years old)

WARNING! Please read carefully
By signing this document, you will waive certain legal rights – including the right to sue

1. This is a binding legal agreement. Clarify any questions or concerns before signing. As a participant in the sport of gymnastics and the spectating, orientation, instruction, activities, competitions, programs, and services of Alberta Gymnastics Federation and **Aerials Gymnastics** (collectively the "Activities"), the undersigned acknowledges and agrees to the terms outlined in this document.

Disclaimer

2. Alberta Gymnastics Federation and **Aerials Gymnastics** , and their respective Directors, Officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, the Activities, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

☐ ***I have read and agree to be bound by paragraphs 1 and 2***

Description and Acknowledgement of Risks

3. I understand and acknowledge that
   a) The Activities have foreseeable and unforeseeable inherent risks, hazards, and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis, and loss of life.
   b) The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
   c) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction; and
   d) The Organization has put in place preventative measures to reduce the spread of contagions; however, the Organization cannot guarantee that I will not become infected by a contagion. Further, participating in the Activities could increase my risk of exposure and/or illness from infectious disease and contagions.

4. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. The risks, dangers and hazards include, but are not limited to:
   a) Contracting COVID-19 or any other contagious disease.
   b) Privacy breaches, hacking, technology malfunction or damage.
   c) Executing strenuous and demanding physical techniques and exerting and stretching various muscle groups.
   d) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements.
   e) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment or apparatus.
   f) Failure to follow instructions or rules.
   g) Spinal cord injuries which may render me permanently paralyzed.
   h) Serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body or to my general health and well-being.
   i) Abrasions, sprains, strains, fractures, or dislocations.
   j) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma.
   k) Physical contact with other participants, spectators, equipment, and hazards.
   l) Collisions with walls, any gymnastics apparatus, floors or mats.
   m) Falling, tumbling, or hitting any gymnastics apparatus, the floor, mats, or other surfaces.
   n) Physical contact with other participants (including spotters).
   o) Not wearing appropriate safety or protective equipment.
   p) Failure to act safely or within my own ability or designated areas.
   q) Negligence of other persons, including other spectators, participants, or employees.
   r) Travel to and from competitive events and associated non-competitive events which are an integral part of the Activities; and
   s) Negligence on the part of the Organization, including failure by the Organization to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with my participation in the Activities.

☐ ***I have read and agree to be bound by paragraphs 3 and 4***

Terms

5. In consideration of the Organization allowing me to participate in the Activities, I agree:
    a) That when I practice or train in my own space, I am responsible for my surroundings and the location and equipment that I select.
    b) That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental and physical condition.
    c) That I may experience anxiety while challenging themselves during the Activities.
    d) To comply with the rules and regulations for participation in the Activities.
    e) To comply with the rules of the facility or equipment.
    f) That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring my observations to a representative of the Organization immediately.
    g) The risks associated with the Activities are increased when I am impaired, and I will not participate if impaired in any way.
    h) That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity.
    i) That COVID-19 is contagious in nature and I may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or death; and
    j) That I am responsible for my choice of safety or protective equipment and the secure fitting of that equipment.

Release of Liability and Disclaimer

6. In consideration of the Organization allowing me to participate, I agree:
    a) That the sole responsibility for my safety remains with me.
    b) To ASSUME all risks arising out of, associated with, or related to my participation.
    c) That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to participate in the Activities.
    d) To WAIVE any and all claims that I may have now or in the future against the Organization.
    e) To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, loss of life, property damage, expense, and related loss, including loss of income, resulting from my participation in the Activities.
    f) To FOREVER RELEASE the Organization from any and all liability for any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses, actions, judgments, and costs (including legal fees) (collectively, the "Claims") which I have or may have in the future, that might arise out of, result from, or relate to my participation in the Activities, even though such Claims may have been caused by any manner whatsoever, including but not limited to, the negligence, gross negligence, negligent rescue, omissions, carelessness, breach of contract and/or breach of any statutory duty of care of the Organization;
    g) To FOREVER RELEASE AND INDEMNIFY the Organization from any action related to my becoming exposed to or infected by COVID-19 as a result of, or from, any action, omission or negligence of myself or others, including but not limited to the Organization;
    h) That the Organization is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities.
    i) That negligence includes failure on the part of the Organization to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities; and
    j) This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Alberta and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

7. I agree that in the event that I file a lawsuit against the Organization, I will do so solely in the Province of Alberta and further agree that the substantive law of the Province of Alberta will apply without regard to conflict of law rules.

☐ ***I have read and agree to be bound by paragraphs 5 to 7***

Acknowledgement

8. I am not relying upon any oral or written representations or statements made by the releasees with respect to the safety of competitive activities or activities other than what is written in this release. I confirm that I have read and understand this release prior to signing it, and I am aware that by signing this release I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releasees forever. For participants of minority age. I hereby certify that I, as parent / guardian with legal responsibility for this participant of minority age, do consent and agree, to his / her release of all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releasees from any and all liabilities incident to this participant of minority age's participation in competitive activities or activities and use of the facilities.

_____	_____	_____
Name of Parent/Guardian (print)	Signature of Parent/Guardian	Date

Name of Participant: _____

PERSONAL INFORMATION PROTECTION ACT (PIPA)

PARTICIPANT'S FIRST NAME:	PARTICIPANT'S LAST NAME:	PARTICIPANT'S DATE of BIRTH:	GENDER:
ADDRESS:		CITY:	POSTAL CODE:
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	TELEPHONE:	
EMAIL:	GYMNASTICS CLUB NAME: **Aerials Gymnastics**		

Your personal information such as Name, Date of Birth, Gender, Address, Phone, and Email will be protected and managed in accordance with the PIPA and made available only to the staff of the Gymnastics Club and Alberta Gymnastics Federation (pertaining to any information related to Alberta Gymnastics Federation Membership, this includes but not limited to emails for special events, live broadcasting, video, results, website, noticeboards, advertising, photos, social media platforms, funding, and Team Alberta requirements). Non- identifying information will be provided to Gymnastics Canada and the Alberta Sport Connection.

Personal Information/Photo/Video Release

☐ **YES,** I give consent
☐ **NO,** I refuse consent

To send information (Pertaining to Alberta Gymnastics Federation Membership and the Gymnastics Club programs. This includes but not limited to emails, newsletters, special events, general information, fundraising, donation request, invoices, honorariums, Team Alberta, etc).

☐ **YES,** I give consent
☐ **NO**, I refuse consent

To take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising, newsletters, noticeboards, website, live broadcast, special events, Team Alberta, and any social media platforms. (Gymnastics Club and Alberta Gymnastics Federation)

☐ **YES,** I give consent
☐ **NO,** I refuse consent

To take pictures or video of me/my child during my/their participation in any program, and that these may be used for training purposes.

☐ **YES,** I give consent
☐ **NO,** I refuse consent

To take pictures or video of me/my child for SeeSaw in which only program members have access to.

***Note should you chose you can withdraw your consent in written notice at any time to __Aerials Gymnastics_____.**
(Gymnastics Club)

If you need any additional information about our personal information protection act, you can contact Alberta Gymnastics Federation office at (403) 259.5500 or via email at info@abgym.ab.ca.

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

Modified: April 9, 2018