



# CLUB MEMBERSHIP APPLICATION FOR NEW MEMBERS ONLY REGISTRATION YEAR 2018 – 2019

*Club Number:*

<b>TYPE OF MEMBERSHIP REQUIRED</b> <input type="checkbox"/> FULL MEMBER	<b>FACILITY IS</b> <input type="checkbox"/> RENTED/LEASED <input type="checkbox"/> OWNED <input type="checkbox"/> SHARED WITH G.O. MEMBER CLUB	<b>INCORPORATED CLUB IS:</b> <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON PROFIT
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<b>CLUB / ORGANIZATION DATA</b>	<b>REGISTERED FULL NAME OF CLUB</b>		
	<b>CLUB CONTACT NAME</b>		<b>CONTACT TELEPHONE</b>
	<b>MAILING ADDRESS</b>		
	(City/Town)	(Province)	(Postal Code)
	<b>NOTE: CLUB CONTACT IS RESPONSIBLE FOR DISTRIBUTING ALL G.O. INFORMATION TO APPROPRIATE CLUB/ ORGANIZATION PERSONNEL</b>		
	<b>FACILITY ADDRESS (STREET/P.O. BOX/UNIT NO.) IF DIFFERENT FROM ABOVE : FOR INSURANCE PURPOSES, PLEASE ADD A LIST OF ALL YOUR FACILITIES</b>		<b>FACILITY TELEPHONE</b>
	<b>FACILITY FAX</b>		
	<b>FACILITY EMAIL:</b>		
	(City/Town)	(Province)	(Postal Code)
	<b>CLUB WEBSITE ADDRESS:</b>		
<b>WOULD YOU LIKE TO ACTIVATE YOUR FREE G.O. CLUB WEBPAGE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>TO DO SO, PLEASE EMAIL: <a href="mailto:operations@gymnasticsontario.ca">operations@gymnasticsontario.ca</a></b> <b>FOR MORE INFORMATION (sample at: <a href="http://www.gymnasticsontario.ca/find-a-club">http://www.gymnasticsontario.ca/find-a-club</a> )</b>			

**MAIN CROSSROAD/INTERSECTION OF GYM:**

<b>FULL MEMBER CLUB FEE</b>	<b>FEE</b> \$630.00	<b>HST (13%)</b> \$81.90	<b>TOTAL AMOUNT DUE</b> \$711.90
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**TYPE OF PROGRAMS OFFERED BY CLUB (PLACE "X" IN APPROPRIATE BOXES)**

PROGRAM	COMPETITIVE PROGRAMS			RECREATIONAL PROGRAMS **			
	INTERCLUB	PROVINCIAL	NATIONAL	RECREATIONAL	PRE-SCHOOL	ADULT	SPECIAL NEEDS
<b>MEN'S ARTISTIC</b>							
<i>Men's Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>WOMEN'S ARTISTIC</b>							
<i>Women's Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>TRAMPOLINE</b>							
<i>Trampoline Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>TUMBLING</b>							
<i>Tumbling Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>RHYTHMICS</b>							
<i>RG Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>RHYTHMICS AGG</b>							
<i>AGG Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>RG SPECIAL OLYMPICS</b>							
<i>Special Olympics Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>AEROBICS</b>							
<i>Aerobics Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>ACROBATICS</b>							
<i>Acrobatics Head Coach</i>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	
<b>** RECREATIONAL HEAD COACH</b>	<b>Name</b>			<b>Email</b>		<b>Phone</b>	

**CLUB EXECUTIVE**

PRESIDENT/OWNER	NAME	EMAIL	TELEPHONE
TREASURER	NAME	EMAIL	TELEPHONE
SECRETARY	NAME	EMAIL	TELEPHONE
DIRECTOR	NAME	EMAIL	TELEPHONE
DIRECTOR	NAME	EMAIL	TELEPHONE

**THE DOCUMENTATION LISTED BELOW IS REQUIRED IN ORDER TO PROCESS YOUR APPLICATION**

<input type="checkbox"/> SIGNED AND DATED MEMBERSHIP FORM	<input type="checkbox"/> CLUB LOGO
<input type="checkbox"/> MEMBERSHIP FEE (SEE FRONT OF FORM FOR FEE)	<input type="checkbox"/> LIST OF COACHING STAFF (FULL NAME; N.C.C.P. NO. AND HIGHEST LEVEL ATTAINED FOR ALL DISCIPLINES)
<input type="checkbox"/> BYLAWS (PRESIDENT & SECRETARY SIGNATURES AND CURRENT DATE) (for Non-Profit Clubs)	<input type="checkbox"/> COPY OF LEASE FOR YOUR FACILITY
<input type="checkbox"/> ARTICLES OF INCORPORATION INCLUDING LETTERS PATENT AND ANY SUPPLEMENTARY LETTERS PATENT	<input type="checkbox"/> A LIST OF GYMNASTICS EQUIPMENT TO BE USED AT YOUR GYM (BOTH PURCHASED AND/OR HOME MADE).
<input type="checkbox"/> POLICE RECORD CHECK (L2 COACH/OWNER/PRESIDENT)	<input type="checkbox"/> PHOTOGRAPHS OF FACILITY INCLUDING OUTSIDE FRONT AREA

**INSURANCE**

**INSURANCE FOR NON-GYMNASTICS ACTIVITIES FOR PROGRAMS NOT COVERED BY GYMNASTICS ONTARIO INSURANCE PROGRAM**

WHICH OF THE FOLLOWING NON-GYMNASTICS ACTIVITIES TAKE PLACE AT YOUR CLUB? *(please check all appropriate boxes)*

<input type="checkbox"/> NONE	<input type="checkbox"/> DAYCARE	<input type="checkbox"/> ROCK CLIMBING WALLS
<input type="checkbox"/> AERIAL SKIING	<input type="checkbox"/> FIELD TRIPS	<input type="checkbox"/> SKATEBOARDING
<input type="checkbox"/> BAKE SALES	<input type="checkbox"/> GARAGE SALES	<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> BASEBALL	<input type="checkbox"/> MONTE CARLOS	<input type="checkbox"/> SWIMMING
<input type="checkbox"/> BINGOS	<input type="checkbox"/> RAFFLES	<input type="checkbox"/> OTHER NON-GYMNASTICS ACTIVITIES: PLEASE LIST
<input type="checkbox"/> CHEERLEADING		

**PLEASE INDICATE WHERE THESE NON-GYMNASTICS ACTIVITIES ARE INSURED:**

**THROUGH PEARSON DUNN INSURANCE INC. UNDER POLICY #GAME0085**

**OTHER :** \_\_\_\_\_  
 \_\_\_\_\_ **NAME OF INSURANCE BROKER/COMPANY** \_\_\_\_\_ **POLICY #**

I WILL PROVIDE A COPY OF THE CERTIFICATE OF INSURANCE TO G.O. IF REQUESTED

**PIPEDA RELEASE:**

On this form, you may be asked to provide information that personally identifies you or allows us to contact you. Through your completion of this form, Gymnastics Ontario may also collect certain information, such as your address, phone and email address to share with other Gymnastics Ontario member clubs and the general public, both on our website and in hard copy. This information is used only to ensure the proper operation of and to maintain quality of service.

Gymnastics Ontario will not share any personal information with third parties without your permission, other than if required to do so by law, or in a good faith belief that such disclosure is necessary to either comply with the law, prepare and defend the rights or property of Gymnastics Ontario, or to protect a user of our Web site. Gymnastics Ontario Privacy Officer is responsible for the personal information you provide to us. He/she will ensure that all personal information is handled in a confidential manner, and all reasonable precautions are taken to avoid loss, theft or unauthorized access, disclosure, copying, use or modification. To contact the Gymnastics Ontario Privacy Officer, email [operations@gymnasticsontario.ca](mailto:operations@gymnasticsontario.ca)

PLEASE CHECK THAT YOU HAVE READ AND AGREE TO THIS STATEMENT

**TERMS & CONDITIONS**

I, \_\_\_\_\_, (Club President/Owner or Secretary) certify that by affixing my name to this document, I have read, understood and agree to the terms outlined as follows. This application is made with the understanding that, if accepted, the Club/Organization will be governed by the By-Laws, Regulations, Policies and Procedures of Gymnastics Ontario. In this regard, we remind you that clubs are required to register all individual members (see Bylaw: 5.2.2) on a continuing basis over the course of the year as soon as they join a club program. Clubs will be required to verify their membership numbers if Gymnastics Ontario has reasonable grounds for concern that not all members have been registered. All new clubs will be considered probationary members for the first membership year.

Gymnastics Ontario requires the designated club to verify membership numbers by signature of the President/Owner or Secretary of the club within seven (7) days when requested to do so. Gymnastics Ontario has the right to request financial statements, to access class lists, to do spot audits and to send a representative into the clubs. Financial statements are to be used for the purpose of membership and insurance verification as well as fee payments. We advise that failure to satisfy the reasonable concerns of Gymnastics Ontario with regard to the accuracy of a club's registration of members, may result in non-acceptance, termination or suspension of club membership.

PRESIDENT / OWNER, or SECRETARY Please Print Name	SIGNATURE	DATE SIGNED (Day/Mo./Year)

Method of Payment:  Cheque  Visa  MasterCard

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ CVC # \_\_\_\_\_

**PLEASE FORWARD COMPLETED MEMBERSHIP APPLICATION PACKAGE TO:**  
**GYMNASTICS ONTARIO**

**2950 Keele Street, Suite 202, North York, ON M3M 2H2**

**TEL: 647-344-3975 FAX: 647-344-4816 EMAIL: [operations@gymnasticsontario.ca](mailto:operations@gymnasticsontario.ca) WEBSITE: [www.gymnasticsontario.ca](http://www.gymnasticsontario.ca)**

**PLEASE NOTE: ONCE YOUR APPLICATION HAS BEEN APPROVED BY THE GYMNASTICS ONTARIO OFFICE, IT WILL BE PRESENTED AT A GYMNASTICS ONTARIO BOARD OF DIRECTORS MEETING FOR RATIFICATION.**