

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: ASHLIN GYMNASTICS CLUB	

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 **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).**
 NO, I refuse consent

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

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

***Note should you chose you can withdraw your consent in written notice at any time to ASHLIN 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 BONNYVILLE ALIBERTA

Signature of Participant (if over 18 years of age)

Signature of Parent or Guardian (as named above)

Program Enrolled _____ **Session(Summer)** _____ **(Fall)** _____ **(Winter)** _____ **Spring** _____

OFFICE USE:

Payment (Cash) _____ **(Cheque)** _____ **AGF \$40** _____ **Bond Cheques #** _____

Volunteer#1 _____ **Volunteer #2** _____