Ad Astra Athletic Academy
Competitive RHYTHMIC GYMNASTICS Handbook 2026-2027 Season

Adult Waivers Package

Please complete these forms and return to:

Ad Astra Athletic Academy

1152 Tory Road NW, Edmonton, AB T6R 3K6

registrations@adastra-academy.ca

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FAMILY INFORMATION

Family Last Name: _____

Address: _____

_____

City: _____ Postal Code: __ __ __ __ __ __

Family Home Phone: (_____) _____

Family Email Address: _____

ATHLETE NAME	DOB (MMM/DD/YYYY)	FEMALE / MALE

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
NAME		
RELATIONSHIP		
OCCUPATION		
HOME PHONE		
CELL PHONE:		

For Competitive Families ONLY - What is the athletes Citizenship (Please circle one): Canadian Citizen Permanent Resident Visitor/Refugee

Service Contract Agreement

Family Name: _____ Athletes Name(s): _____

I understand and agree with the plan below and the associated commitments. I agree to allow Ad Astra Athletic Academy to deposit E-transfers on the 1st of each month.

» First month training fee – due September 3rd
» October training fees with Registration fees – Due October 1st
» Each remaining month training fees – E transfer on the 1st of the month.

_____ _____ _____

Print Name of Parent/Guardian Signature of Parent/Guardian Date

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MEDICAL INFORMATION AND MEDICAL RELEASE FORM

Athlete Name: _____

Date of Birth: _____ / _____ / _____ Telephone: (_____)_____

MMM DD YYYY

Alberta Health Care Number: _____

Allergies: _____

Medical Problems: _____

Current Medications: _____

Contact Lenses (please circle): YES / NO Dental Appliances (please circle): YES / NO

Other Medical Concerns: _____

If the athlete this registration is being completed for is eligible and you're interested in dual registration as a Special Olympics Athlete as part of this program, click this box and we will connect with more information: YES / NO

In case of emergency 2 contacts other than parent(s)/guardian(s)

Name: _____

Mobile Telephone: (_____)_____ Other Telephone: (_____)_____

Relationship: _____

Name: _____

Mobile Telephone: (_____)_____ Other Telephone: (_____)_____

Relationship: _____

_____(please initial) Medical Release: In case of the absence of the parent(s)/guardian(s) I give permission for the coach or Ad Astra Athletic Academy staff to make decisions regarding any emergency medical attention required.

_____(please initial) Liability Release: I agree that Ad Astra Athletic Academy and/or proprietors will not be held responsible for any loss, accident, or death and agrees to release the same for all claims or damages which may arise as result of, or by reason of, such loss or accidents, or death.

_____	_____	_____
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Print Name of Witness	Signature of Parent/Guardian	Date

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CONTACT INFORMATION RELEASE FORM (please initial)

____ Yes, I give Ad Astra permission to make my contact information such as phone numbers and email addresses available to other competitive families

____ No, I do NOT want my phone numbers or e-mail addresses given out.

____ Yes, I give Ad Astra permission to print my name and my phone number(s) in a printed contact book, available to all Comp for now competitive families.

____ No, I do NOT want my name or my phone number(s) given out in a printed parent contact book.

Photos may be taken of athletes. These photos may be used for gym promotion purposes and Rhythmic Gymnastics Alberta's promotional purposes. I give permission for Ad Astra Athletic Academy to take photos of my gymnast/myself while training at the gym and at events. The pictures may be used on the Ad Astra social media and by RGA.

_____Yes _____No *By selecting "No" you will not be able to participate in practice or at events.*

Name: _____

Signature: _____

Date: _____

PRIVACY STATEMENT

In accordance with Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and Alberta's Provincial Freedom of Information and Privacy Act (FOIP), Ad Astra must obtain written consent from each member to share member information with Rhythmic Gymnastics Federation (RGA) and Gymnastics Canada Gymnastique (GCG) as we are members of these organizations.

Ad Astra may share personal membership information with Rhythmic Gymnastics Alberta and Gymnastics Canada only to be used for the following purposes: Receiving information and communications from RGA and GCG to provide members with programs, services and products required as a member of RGA and GCG, establishment and management of trust funds and distribution of honorariums, processing merchandise order, registration and travel administration, athlete registration, uniforms, monitoring eligibility and team selection, in the case of medical emergencies, media relations, publications and publishing sports information.

Signature: _____

Date: _____

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PARTICIPANT'S INFORMED CONSENT FORM **(Adult)**

Alberta Rhythmic Sportive Gymnastics Federation (ARSGF) operating as RHYTHMIC GYMNASTICS ALBERTA (RGA)

Please check: ☐ ***Gymnast*** ☐ ***Coach in Training*** ☐ ***Coach*** ☐ ***Judge*** ☐ ***Volunteer*** ☐ ***Manager***

Print name of participant: _____

READ CAREFULLY!

Club Affiliation: _____

Risk:

I, the undersigned understand and acknowledge that participation in the ARSGF/RGA **Rhythmic Gymnastics** activities may result in personal injury (including but not limited to: injury to internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, and in rare occurrences, death, complete or partial paralysis, or brain damage) and property damage or loss. I fully understand these risks and hereby agree to participate in the gymnastic activities voluntarily and at my own risk. ☐ I Agree

Rules:

I understand that the rules and regulations are designed for safety and protection of the participants and hereby agree to abide by the rules and regulations set down by the ARSGF/RGA, the Organizers, the Course Conductors, Host Club, Registered Club Personnel, Staff and/or Volunteers or agents, and the facility in which the activities take place. ☐ I Agree

Media Release and Privacy:

I hereby grant the ARSGF/RGA the right to use, without penalty of any fee or charge, any written information, personal information (excluding medical information contained on the Medical Consent Form), photograph, videotape, or other visual or electronic media of myself taken during the Rhythmic Gymnastics course, event, or activity that are for the purpose of furthering the ARSGF/RGA or sanctioned host organization objectives. I agree to the transmission of personal information by RGA, Member Clubs, Host Clubs and/ or Agents/Staff/Volunteers. Information will be transmitted as per RGA PIPEDA and Privacy Policy by the Privacy Officer. Information regarding the Privacy Policy is posted on the RGA website at www.rgalberta.com or you may contact the Privacy Officer at 780-427-8152 or by emailing RGA@RGAlberta.com. ☐ I Agree

Liability:

In consideration of your acceptance of my entry to any of the above stated ARSGF/RGA sanctioned activities, I agree to be legally bound, and agree to RELEASE, SAVE HARMLESS AND INDEMNIFY ARSGF/RGA, the Organizers, the Course Conductors, Host Club (s), Registered Club Personnel, Staff and/or Volunteers or agents, and the facility in which the activities take place, from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property whatsoever and howsoever caused, arising out of, or in connection with my association with or entry in the abov e event or which may arise out of my traveling to or participating in and returning from the said event.

☐ I Agree

Opt-In: I agree to receive electronic communication from ARSGF/RGA and my club. I can unsubscribe ☐ I Agree

I further agree to HOLD HARMLESS AND INDEMNIFY the ARSGF/RGA, the Organizers, the Course Conductors, Host Club, Registered Club Personnel, Staff and/or Volunteers or agents, and the facility in which the activities take place. from any and all actions, claims, demands, losses judgments or costs of any nature to any third party resulting from my association with or entry in the said event and I agree not to make any claims or take any proceedings against any person, society, corporation, organization or other legal entity who might claim contribution or indemnity form the ARSGF/RGA, the Organizers, the Course Conductors, Host Club, Registered Club Personnel, Staff and/or Volunteers or agents, and the facility in which the activities take place in respect of matters which are subject of this Release. I agree that this Release shall bind my heirs, executors, administrators and assigns. ☐ I Agree

I confirm that I am of the full age of 18 years, have read, understood and agree to the contents of this Informed Consent in its entirety.

Participant's signature or digital signature Date

Note: Collection of the personal information on this form is required for the operation of the Rhythmic Gymnastics Courses, Events, Activities, and for participation in sanctioned events. The information from these forms, and from all registration materials will be used for said purpose and is subject to disclosure rules set forth in by Privacy Legislation in Canada (PIPEDA) and the Province of Alberta (PIPA). For more information about the collection and use of this information lease contact the Privacy Officer at Rhythmic Gymnastics Alberta (780-427-8152) or by emailing rga@rgalberta.com. To unsubscribe to electronic communication please email rga@rgalberta.com.

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RHYTHMIC GYMNASTICS ALBERTA

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

(To be executed by Participants over 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 Rhythmic Gymnastics Alberta and _____ (collectively the "Activities"), the undersigned acknowledges and agrees to the
(Athlete Name)

terms outlined in this document.

Disclaimer

2. Rhythmic Gymnastics Alberta and _____, 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, or paralysis.
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 novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19.

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***

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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;
   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

I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization on the basis of any claims from which I have released herein.

_____	_____	_____
Name of Participant (print)	Signature of Participant	Date

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ATHLETE CODE OF CONDUCT

As a member of Ad Astra Athletic Academy, I agree to abide by all policies set out in the Competitive Rhythmic Gymnastics Handbook to support a safe, friendly, and cooperative atmosphere.

I agree to:

- Arrive to training on time
- Treat all coaches, parents and other athletes with courtesy and respect
- Wear proper training attire - this includes the removal of jewelry and watches
- Have my hair in a neat and tight bun for practices and events, if not otherwise requested by the coach
- Attend all scheduled competitions and events, as required
- Not use foul or abusive language at any time
- Work with coaches and other athletes in maintaining a safe, clean, and positive-training environment
- Demonstrate proper sportsmanship (attitude and behaviour)
- Refrain from any forms of harassment, (e.g., statements, conversations, jokes, etc.) demeaning others or Ad Astra itself.
- Assist in maintaining a clean gym (e.g. putting garbage in the trash bins, keeping locker rooms neat)
- Avoid bringing food and drinks (except water bottles) into the gym area, or keep them stored within my closed gym bag
- Not attend training if feeling unwell; and will communicate this with my coach and parents.
- Wash hands, cough/sneeze into my elbow, and follow all health and hygiene standards of the club
- Communicate with the coach or coaches any (training or coaching) problems, injuries, illness, or reasons for lateness or lack of attendance at training, meets or other events
- Not use cell phones during training or only with coach approval.

In addition, when I am attending a gymnastics event or otherwise representing Ad Astra Athletic Academy, I agree to:

- Project a positive image of Ad Astra by maintaining the highest standards of personal conduct both in person and through all forms of social media
- Refrain from expressing displeasure with judges or other officials by any means other than the accepted protest procedure
- Refrain from making comments to a judge or meet official about a coach or athlete's abilities, routines or execution during a competition
- Refrain from disrupting, distracting or in any way interfering with the performance of an athlete during competition or training
- Follow dress codes including makeup and hair style requirements specified by the coach at practices, and also when traveling to or from or participating in any activity sponsored or sanctioned by Ad Astra Athletic Academy.
- Abide by policies regarding alcohol and drugs (zero tolerance) set by Rhythmic Gymnastics Alberta (RGA).
- Abide by the rules and policies set by the coach at all club-sanctioned events

I _____ have fully read and understand the Athlete Code of Conduct and I agree to abide by these rules. I understand that failure to do so may result in disciplinary action as outlined in this handbook including exclusion from Ad Astra Athletic Academy.

Signature of Athlete **if over 10 (parent/guardian if under 10)** _____

Signature of witness _____ Date: _____

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PUBLIC BEHAVIOUR

As a member of Ad Astra Athletic Academy, you are representation of what and who we are. Plain and simple, what you do reflects on us as a business and a community. We ask all members to display the same values and courtesies in their everyday community and social media communities as they do in the training facility.

I, _____ , will be kind to all and display the values of Ad Astra Athletic Academy in all communities.

- I will not be part of online bullying.
- Only I as an Ad Astra Team Member will wear my team wear.
- I will respect others as I would like to be respected.
- I will keep my social media presence clean and healthy (tasteful pictures, comments, conversations).
- I will showcase my best self.
- If I have questions, I will ask for help.
- I will support my fellow team mates.

I will be my best self as I am a representation of Ad Astra Athletic Academy.

_____ _____

Name of Participant (print) Date

_____ _____

Coach Witness Date

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SUBMISSION CHECKLIST

1) Family Information
2) Medical Information and Release
3) Contact Information
4) Participant Informed Consent
5) Informed Consent and Assumption of Risk
6) Athlete Code of Conduct
7) Public Behaviour
8) Registration Fee - due October 1st, 2026
9) Deposit Cheques ($150 ea)