KINGSWOOD GYMNASTICS

RECREATIONAL PROGRAM

Pre-Authorized Payment Agreement

Kingswood Ventures Inc.

OFFICE USE ONLY
☐ Phone-in request

PLEASE PRINT

DATE: _____

Parent/ Guardian Name: _____ Phone: _____

Email: _____

Parent/ Guardian Name: _____ Phone: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

1st Child: _____	2nd Child: _____	3rd Child: _____
Birthdate: ___(MM)/___(DD)/_____(YEAR) ☐F ☐M ☐O	Birthdate: ___(MM)/___(DD)/_____(YEAR) ☐F ☐M ☐O	Birthdate: ___(MM)/___(DD)/_____(YEAR) ☐F ☐M ☐O
Class Name: _____	Class Name: _____	Class Name: _____
Class Day: _____ Time: _____	Class Day: _____ Time: _____	Class Day: _____ Time: _____

Terms Attending: ☐Fall ☐Winter ☐Spring ☐July ☐August

PRE-AUTHORIZED PAYMENT METHODS: PreAuth Debit, Credit Card, Post-Dated Cheques

Pre-Authorized Payment Details:

You, the Payor, authorize Kingswood Ventures Inc. to debit the bank account or credit card or cash cheque identified below for $ _____ on the **1st** of each month for _____ months.

You, the Payor, may revoke authorization at any time subject to providing a minimum of one week notice from the identified day and month. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca

Pre-Authorized Payment Authorization (Choose One):

☐ **Bank Account Debit Authoriztion:**

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ (branch - 5 digits) - _____ (FI - 3 digits)

☐ **Credit Card Authorization:** ☐ Visa ☐ MC

Name of Cardholder: _____ Signature: _____

Card #: _____ Expiry Date: _____ (Month / Year) CVD#: _____

☐ **PD Cheques Collected:**

☐ September	☐ November	☐ January	☐ March	☐ May	☐ July
☐ October	☐ December	☐ February	☐ April	☐ June	☐ August

Authorized Signature(s): _____ DATE: _____

_____ DATE: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contract your financial institute or visit www.cdnpay.ca

WAIVER AND RELEASE

KINGSWOOD GYMNASTICS

UNDER 18 YRS (MINOR)

I, the undersigned parent or guardian of the above named minor, acknowledge that I am aware that this program involves strenuous physical activity, carrying with it various inherent risks of injury which may require medical attention. In my opinion, the above-named minor is medically and physically fit to participate in this program. I hereby grant authority to the staff to render judgment concerning medical assistance in the event of an accident or illness in my absence. I give consent to my family physician to treat the above-named minor. If my family physician is not available, I give consent to obtain such medical assistance and treatment as staff deem appropriate.

SIGNATURE _____ DATE _____

over 18 YRS

I, the undersigned, acknowledge that I am aware that this program involves strenuous physical activity, carrying with it various inherent risks of injury which may require medical attention. In my opinion, I am medically and physically fit to participate in this program. I hereby grant authority to the staff to render judgment concerning medical assistance in the event of an accident if I am unable to do so myself. I give consent to my family physician to treat me as required. If my family physician is not available, I give consent to obtain such medical assistance and treatment as staff deem appropriate.

SIGNATURE _____ DATE _____

By registering with Kingswood Gymnastics, I acknowledge that some registration information (gymnast's name, gender, and birthdate) is required to be shared with the New Brunswick Gymnastics Association and Gymnastics Canada.

☐ By checking this box, I understand that the collection of some of the above data is necessary to complete registration with Kingswood Gymnastics.

☐ Kingswood Gymnastics uses email as a primary means of communication with its members, including notification of cancelations, specials events, special offers, and other important messages. By checking this box, I consent to Kingswood Gymnastics contacting me at the email address listed above.

I hereby grant to Kingswood Gymnastics and/or the New Brunswick Gymnastics Association the right to use, without payment of any fee or charge, any photograph, video, or other visual media including but not limited to the use of media, inclusion in club publications, website, and advertising.

☐ Y ☐ N SIGNATURE _____ PRINTED NAME _____ DATE _____