

AURA RHYTHMICS REGISTRATION FORM

Name of Gymnast	
Date of Birth (day/month/year)	
Address: Street Name and number City Postal Code	
Phone	
E-mail	
Care Card #	
Allergies and known medical conditions	
Mother's Name Cell Phone # Work Phone # E-mail	
Father's Name Cell Phone # Work Phone # E-mail	
Doctors name Phone#	
Emergency Contact (Name) Phone #	

AURA. PRGA and BCRSGF Registration Fees

LEVEL	FEES
<p>Recreational and Beginners No competition</p>	<p>1.Registration Fee - \$250 Payable to PRGA 2.Training Fees *Full payment - (September- June) Payable to Aura Rhythmics</p>
<p>Interclub Compete at Zones only</p>	<p>1.Registration Fee - \$280 Payable to PRGA 2.Training Fees *Full payment - (September- June) Payable to Aura Rhythmics</p>
<p>Provincial Stream Compete at Zones and Provincials</p> <p>Western Stream Competes at Zones, Provincials and Westerns</p>	<p>1.Registration Fee - \$320 Payable to PRGA 2.Training Fees *Full payment - (September- June) or * 2 installment payments:(September-January, February-June) * * 3 installments payments: (September-December, January-March, April-June) Payable to Aura Rhythmics</p>
<p>National Stream</p>	<p>1.Registration Fee - \$360 Payable to PRGA 2.Training Fees *Full payment - (September- June) or * 2 installment payments:(September-January, February-June) * * 3 installments payments: (September-December, January-March, April-June) Payable to Aura Rhythmics</p>

Tuition (Training) Fee Schedule

LEVEL	Sessions per week	Hours per week	TUITION FEE for the season	GST	TOTAL TUITION FEE for the season
Recreational (Richmond Only)	1	1.15	\$1,000	\$50	\$1,050
Recreational	1	2	\$1,650	\$82.5	\$1,732.50
Beginner	2 1.15h each	2.5	\$1,900	\$95	\$1,995
Beginner	1 3 h	3	2,000	\$100	\$2,100
Pre-competitive	2 2h each	4	\$3,200	\$160	\$3,360
Interclub	2 3h each	6	\$3,800	\$190	\$3,990
Provincial Lv. 1, 2, 3	3 3h each	9	\$4,600	\$230	\$4,830
Provincial Lv. 2, 3	4 3h each	12	\$5,150	\$257.50	\$5,407.50
Western Lv. 3, 4, 5, 6					
Western- Lv. 3, 4, 5, 6	4 2x3h+2x4h	14	\$5,650	\$282.50	\$5,932.50
Western Lv. 3, 4, 5, 6	4 3x4h + 1x3h	15	\$5,880	\$294	\$6,174
National Novice	4 4x4h	16	\$6,100	\$305	\$6,405
National-Junior, Senior	5 5x4h	20	\$6,400	\$320	\$6,720

Notes for payments:

Please note that the commitment to train with Aura Rhythmics is for the whole competitive year!

For Recreational and Beginner levels:

We require full payment in the beginning of the year or from the month of enrollment.

For competitive levels:

Payment options:

full payment:

*(September-June)

or in portions:

* 2 payments: (September-January, February-June)

* 3 payments: (September-December, January-March, April-June)

Payment is due on the first day of the month of each period (for the first payment the due date is September 7). There will be a \$50 fee for late payments.

*We have divided the cost of the tuition fee for convenience of payment.

*There is no refund for vacation or sickness. The missed classes can be made up on other days, at times convenient for both coaches and scheduling.

Private Classes

Private classes are very valuable for working on the routines, the details of the technique, and any other individual needs of the gymnasts.

We strongly encourage, especially the competitive gymnasts from Western and National Stream, to book private lessons for choreography. Choreography is a creative process and it will give the coaches a chance to focus only on one person and one routine at a time. Please schedule your private lessons for choreography directly with your coach.

The cost for Private lessons is:

1 hour - \$80; 1.5 hours - \$110; 2 hours - \$130

Later in the year, when the routines are ready, we offer semi private lessons:

1.5 hours (2 athletes) - \$120

Music Fees

Music fees are due in January. The cost for new music is \$65.

For shared music is \$35.

Ballet Fees

The cost for ballet is very reasonable as it is shared among the gymnasts participating.

The ballet fees will be collected in the beginning of the year.

Competition Expenses

The competition expenses may vary depending on level and location (travel, hotel cost, food etc... It also includes the registration fee and coaches' fee.

TRAINING SCHEDULE

*Competitive athletes, please discuss with your coaches the days and times you will be training (days and times below):

Vancouver Talmud Torah School – 998 West 26th Ave

Tuesday	Thursday
5:00-8:00	5:00-8:00

*Recreational and Beginners age 3,4 and 5, please register for the Tuesday and/or Thursday class in VTT – 5:00-8:00

Richmond Jewish Day School - 8760 Rd.#5

Monday	Wednesday	Sunday
4:00-8:00	5:00-7:00	12:00-4:00

Richmond Oval – 6111 River Road

Tuesday — 4:00-8:00
Wednesday – 4:00-8:00
Thursday — 4:00-8:00

*Recreational, Beginners 1 time/week:

RJDS

Wednesday - 5:00-7:00

*Recreational, Beginners and Interclub 2 times/week
Please discuss with your coach the day/days you will be attending out of the following:

RJDS

Wednesday - 5:00-7:00
Monday - 4:00-6:00

Richmond Oval

Tuesday - 4:00-7:00
Wednesday - 4:00-7:00
Thursday — 4:00-7:00

CONTACTS

Kamena Petkova

Tel.: 604-318-4233

E-mail: kamenapetkova@hotmail.com

Gina Mikhlin

Tel.: 778-898-8570

E-mail: alisali8118@gmail.com

Ada Maria Stantcheva

Tel.: 604-328-7085

E-mail: adasmaria@hotmail.com

Isabel Todorova

Tel.: 778-710-3787

E-mail: isabeltodorova@yahoo.ca

Megan Mori

Tel.: 604-312-5819

E-mail: megan.mori@telus.net

Abigail Burke

Tel.: 778-980-6270

E-mail: abiburke4210@gmail.com

BC RHYTHMIC GYMNASTICS SPORTIVE GYMNASTICS FEDERATION (BCRSGF)

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

(hereinafter the "Release Agreement")

BY SIGNING THIS RELEASE AGREEMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

INITIAL

Name of Participant	Last		First		
	Last		First		
Parent or Guardian if participant under age 19	Last		First		
	Last		First		
Address	Street		City	Prov	
	Country	Postal Code	Email	Date of Birth: Day / Month / Year	Age

TO: BCRSGF AND ALL MEMBER CLUBS and their respective directors, officers, employees, members, participants, coaches, volunteers, agents, independent contractors, subcontractors, representatives, successors, and all owners, operators or occupiers of the facilities in which the rhythmic gymnastics activities, as defined below, take place (all of whom are hereinafter collectively referred to as the "Releasees").

DEFINITIONS

In this Release Agreement, the term "**rhythmic gymnastics activities**" shall include all orientation, training, instruction, supervision, competitions, programs, services, and use of facilities and equipment which are organized, provided, controlled or conducted by the Releasees.

ASSUMPTION OF RISKS – Rhythmic gymnastics activities involve various risks, dangers and hazards, which can result in serious injuries and death. These risks, dangers and hazards are reviewed in detail in the BCRSGF website at: <http://www.rhythmicbc.com/#1505606959328-84344a1c-7b16> Please take the time to learn about the risks, dangers and hazards of participating in rhythmic gymnastics activities by carefully reviewing the Health and Safety, Assumption of Risks, and Risk Management sections of the BCRSGF website. Exposure to infectious disease including COVID-19 is one of the risks of participating in rhythmic gymnastics activities. Specific information regarding the response of BCRSGF and member clubs to the COVID-19 pandemic is found in the Public Health section of the website. If you are a parent or guardian of a participant under the age of 19, please educate your child on these risks, dangers and hazards before completing this form. All participants in rhythmic gymnastics activities are required to assume all such risks, dangers and hazards and all injuries resulting therefrom.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH RHYTHMIC GYMNASTIC ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (applies to person 19 years of age and older) In consideration of **THE RELEASEES** allowing me to participate in gymnastics activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against **THE RELEASEES** and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in gymnastics activities, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN RHYTHMIC GYMNASTICS ACTIVITIES;**

2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in gymnastics activities;

3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of British Columbia and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within British Columbia and shall be within the exclusive jurisdiction of the Courts of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of gymnastics activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Dated this _____ day of _____ 20____

Signature of Witness

Please Print Name

Signature of Participant

Please Print Name

Signature of parent or guardian if participant is under age 19