

PERSONAL INFORMATION PROTECTION ACT (PIPA)

PARTICIPANT'S FIRST NAME:	PARTICIPANT'S LAST NAME:	PARTICIPANT'S DATE OF BIRTH:	GENDER: Female
ADDRESS:		CITY:	POSTAL CODE:
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	TELEPHONE:	
EMAIL:		GYMNASTICS CLUB NAME: Mountain Shadows 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
 NO, I refuse 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).

YES, I give consent
 NO, I refuse 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)

YES, I give consent
 NO, I refuse 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.

MSGC

***Note should you chose you can withdraw your consent in written notice at any time to _____ (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 _____

Signature of Participant (if over 18 years of age)

Signature of Witness

Signature of Parent or Guardian (as named above)

Signature of Witness