



Permissions Policy

Duncan Dynamics Gymnastics Club
2687 James Street, Duncan, BC V9L 2X5
Phone: (250) 746-0193 Email: info@ddgc.ca

Overview

Included are two options for those that have separate caregiver and legal guardianships of a child. The primary account holder can choose one of the forms below that best suits their situation.

Families that have multiple caregivers (Grandparents & extended family for example) can use the form below to give permissions for pick up, drop off and additional emergency contact information.

The primary Account holder is responsible for the payments, emergency contacts and all communications regarding the member account. The primary account is where the Participant's Profile for a child is created and registration is managed and maintained.

This is not a mandatory form and is available to members as an inclusive option for special family circumstances and additional permissions.

This form can be filled out in the office or emailed directly to info@ddgc.ca and will take effect upon the date that the form was submitted.

In the event that a caregiver will be the primary account holder, the legal guardian must also have an account with DDGC to acknowledge the Gymnastics BC Waiver and DDGC Policies as well as maintain up-to-date emergency contact information. Only one account can house a participant profile at a time to avoid duplication issues.

The following forms are included:

- Permissions Policy Form
- Permissions Policy Form - Caregiver as the Primary Account Holder



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I am the legal guardian of _____ and I am responsible for the registration, payments, emergency contact information and account authorizations managed through my account.

I give permission for the following person(s) to participate in the care of _____ with regards to the following (please select):

- Pick up
- Drop off
- Attend meetings / information sessions
- Attend discussions with the Head Coach
- Other: _____

Full Name Phone Number Email

Full Name Phone Number Email

Full Name Phone Number Email

This will stay in effect until: _____

I will uphold the policies and expectations as outlined by DDGC and will notify DDGC if any of the information above has changed.

I agree to email this policy to info@ddgc.ca or hand it directly to the office and understand that it does not take effect until I have received a confirmation receipt.

Name (Please Print)

Signature

Office Use Only
Date Received: _____
ID: _____



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Caregiver as Primary Account Holder

I am the legal guardian of _____ and I will not be the primary account holder for their participant profile.

I give permission for _____ to be the primary account holder that manages the participant profile and they will be responsible for the registration, payments, and maintain up to date emergency contact information managed through their account.

This will stay in effect until: _____

All permissions and authorizations must be brought to my attention by the primary account holder and only when necessary by DDGC staff.

I understand that I am responsible to have an account in my name in order to read and acknowledge DDGC policies and waivers and the primary account holder must do the same through their account.

I will uphold the policies and expectations as outlined by DDGC and will notify DDGC if any of the information above has changed.

I agree to email this policy to info@ddgc.ca or hand it directly to the office and understand that it does not take effect until I have received a confirmation receipt to my email on file.

Legal Guardian Name (Please Print)

Signature

Caregiver Name (Please Print)

Signature

Office Use Only
Date Received: _____
ID: _____