

## PERSONAL INFORMATION PROTECTION ACT (PIPA)

PARTICIPANT'S FIRST NAME:	PARTICIPANT'S LAST NAME:	PARTICIPANT'S DATE of BIRTH:	GENDER:
ADDRESS:		CITY:	POSTAL CODE:
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	TELEPHONE:	
EMAIL:		RHYTHMIC GYMNASTICS CLUB NAME:	

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 Rhythmic Gymnastics Club and the Alberta Rhythmic Sportive Gymnastics Federation/Rhythmic Gymnastics Alberta (pertaining to any information related to Rhythmic Gymnastics Alberta Membership, this includes but not limited to emails for special events, live broadcasting, video, results, website, noticeboards, advertising, photos, social media platforms, funding, and Provincial Team requirements). Non- identifying information will be provided to GymCan and the Sport, Physical Activity and Recreation stakeholder services.

### Personal Information/Photo/Video Release

\_\_\_ YES, I give consent

\_\_\_ NO, I refuse consent

**To send information (Pertaining to Rhythmic Gymnastics Alberta Membership and the Rhythmic Gymnastics Club programs. This includes but not limited to emails, newsletters, special events, general information, fundraising, donation request, invoices, honorariums, 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, and any social media platforms. (Rhythmic Gymnastics Club and Rhythmic Gymnastics Alberta)**

\_\_\_ 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.**

**\*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 the Rhythmic Gymnastics Alberta office at (780) 427.8152 or via email at [info@rgalberta.com](mailto:info@rgalberta.com).**

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