



## Gymnastics Mississauga SPRING 2009 Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ MM/DD/YYYY \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Previously Registered? \_\_\_\_\_  
 Medical Condition(s) Including Allergies: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Doctor's Ph. No: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Cell/Work No: \_\_\_\_\_

**PLEASE WRITE THE TIME OF THE CLASS IN THE BOX**

Date	Mini Gym	K Gym	Girls 5-9	Girls 9+	ADV	Boys 5-9	Boys 9+	Tramp	Teen & Adult	\$fee
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

**Club Policies:**

1. Classes are subject to cancellation and/or rescheduling. We may merge classes depending on the ability and ages of children
2. Verbal confirmation will be given upon space available and receipt of payment.
3. Refunds are only given up to two weeks prior to the start of a term. A \$15 service charge applies to all refunds.
4. Credit notes will be given from two weeks prior to the start of the term, until the third week of classes. After the third class there are no credit notes given. Credit notes do not expire.
5. A \$20 non-refundable annual fee for membership and insurance will be applied. Our year runs from July 1, 2008 to June 30, 2009.
6. We accept Visa, MasterCard, Debit and currently dated cheques. Cheques should be made payable to Gymnastics Mississauga.
7. There is a \$25 service charge for NSF cheques.
8. Makeup classes are not available in order for us to maintain a coach/athlete ratio.
9. Children must be the correct age for the selected program within 30 days of the start of camp

By signing and submitting this form, I acknowledge that there are risks associated with gymnastics. I warrant that the participant named on this form is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used by Gymnastics Mississauga and/or Gymnastics Ontario in the delivery of a gymnastics program. I acknowledge that there is potential risk of injury involved in participating in any sport. I understand that Gymnastics Mississauga has tried to create a safe and controlled environment for participation and the club has established rules for participation on and about the gymnastics area that must be followed by the participant. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics. I understand that it is my responsibility to ensure that information on this form is kept current and I will notify Gymnastics Mississauga of any changes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mail, drop in or fax this form with a cheque or credit card number to 5600 Rose Cherry Place, Mississauga, ON L4Z 4B6 Fax: 905-270-5135

**For office use only:**

Date processed: \_\_\_\_\_ Term \_\_\_\_\_ CC Auth. # \_\_\_\_\_ ClubLink# \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Cheque# \_\_\_\_\_ Debit.# \_\_\_\_\_ Gift Cert \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_

Registrar: \_\_\_\_\_