

Simcoe Gliders Gymnastics 2024-2025 Registration Form

Participant Name:	Birthdate: I	MM DDYear Gender:
Allergies/meds/disabilities/medical co	onditions/notes:	
Address:	City:	Postal Code:
Class: Day: Time:		/ □Dec □Jan □Feb □Mar □Apr □May □Jun
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Camp Week #7 Camp Week #8 12 13 14 15 16 19 20 21 22	Camp Week#9 Christmas 23 26 27 28 29 30 23 24 29	S Camp1 Christmas Camp2 March Break 5 26 27 29 30 3 1 2 10 11 12 13 14
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☐ Full Day Camp ☐ Jr. Camp ☐ Early/Late is	NOT needed ☐Early drop off is needed	from: DLate pickup is needed until:
Parent/Guardian Name #1:		Cell Phone:
Address (if different from above):		Email:
Parent/Guardian Name #2:		Cell Phone:
Address (if different from above):		Email:
Emergency Contact Person:		Phone#:
Notes:		
Alternate pick-up person:		Relationship:
Alternate pick-up person:		Relationship: