

REGISTRATION FOR RECREATIONAL PROGRAM

Full Name: _____

Date of Birth: yyyy/mm/dd _____

Address: _____

City: _____ **Postal Code:** _____

Parent's Name: _____ **Cell:** _____

Parent's Name: _____ **Cell:** _____

Email: _____

Medical/ Special Concerns: _____

Cancellation Policy: There will be no refunds after attending the first class, credit will be issued only in the event that your child can no longer participate due to medical reasons (a doctor's note is required). \$25 administration fee will be charged if reduction of hours is requested and approved by the club.

Maximum of 1 missed class per session may be made up in case of illness only (upon availability of space).

The gym will be closed on all statutory holidays. There will be no make-up classes for any gym closures due to events outside of our control such as extreme weather, power outage etc.

Waiver: Although every effort will be made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved. If you have any doubt regarding your child's suitability for participating, please consult your doctor.

Release: I, the undersigned, have read and understood the information provided above and hereby agree to indemnify and save harmless Global Gymnastics Club of Aurora, their/its officers, instructors, coaches, employees, members and club against all claims, demands, costs, damages, actions suits or proceedings arising out of participation of myself/my child, named above, in any gymnastics, camp and other activity.

You consent to Global Gymnastics collecting, maintaining and updating personal information above about my son/daughter.

Non-refundable \$57 Annual membership/insurance fee is valid from July 1st until June 30th of the following year

Do you authorize Global Gymnastics to take pictures and/or videos for promotional purposes? Yes/No

Date: _____ **Signature:** _____

*****Office Use*****

	Fall /Winter	Spring	Summer
Program			
Day			
Time			
Total Fee			