



Spectrum Gymnastics Inc.
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SPECTRUM GYMNASTICS INC. PARTICIPANT REGISTRATION FORM

Participant #1 Information

Full Name: _____ Birthday: _____ / _____ / _____
Gender: _____ Allergies: _____ Phone: _____
Address: _____
Family Email: _____
Any physical, mental, or medical conditions: _____

Participant #2 Information

Full Name: _____ Birthday: _____ / _____ / _____
Gender: _____ Allergies: _____
Any physical, mental, or medical conditions: _____

Participant #3 Information

Full Name: _____ Birthday: _____ / _____ / _____
Gender: _____ Allergies: _____
Any physical, mental, or medical conditions: _____

Parent/Guardian Information

Parent/Guardian Name #1: _____ Cell Phone: _____
Address (if different from above): _____
Email Address: _____ Yes, subscribe to email list:
Parent/Guardian Name #2: _____ Cell Phone: _____
Address (if different from above): _____
Emergency Contact: _____ Phone #: _____
Relationship to Child: _____
Alternate Individuals Authorized to Pick Up Participant(s):
Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

	Class Name	Day	Time
Participant #1			
Participant #2			
Participant #3			