

Simcoe Gliders Gymnastics 2024-2025 Registration Form

Participant Name: _____ Birthdate: MM ____ DD ____ Year ____ Gender: ____

Allergies/meds/disabilities/medical conditions/notes: _____

Address: _____ City: _____ Postal Code: _____

Class: _____ Day: _____ Time: _____ Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

Camp Week #1					Camp Week #2					Camp Week #3					Camp Week #4					Camp Week #5					Camp Week #6				
1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31	1	2	5	6	7	8	9
H																									H				

Camp Week #7					Camp Week #8					Camp Week #9					Christmas Camp1					Christmas Camp2					March Break				
12	13	14	15	16	19	20	21	22	23	26	27	28	29	30	23	24	25	26	27	29	30	31	1	2	10	11	12	13	14
																	H	H					H						

Full Day Camp Jr. Camp Early/Late is NOT needed Early drop off is needed from: _____ Late pickup is needed until: _____

Participant Name: _____ Birthdate: MM ____ DD ____ Year ____ Gender: ____

Allergies/meds/disabilities/medical conditions/notes: _____

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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: _____ Phone# _____ Relationship: _____

Alternate pick-up person: _____ Phone# _____ Relationship: _____