SIMCOE GLIDERS GYMNASTICS CLUB INC.

Simcoe Gliders Gymnastics 2025-2026 Registration Form

Parent/Guardian #1	Phone #	Email
Parent/Guardian #2	Phone #	Email
Emergency Contact (if different from above)	Phone #	Email

Notes:

Alternate pick up person/relationship:

Participant #1 Name:

Birthdate: MM   DD   Year   Gender:

Address:	City	Postal Code

Notes: Allergies/meds/special needs etc:

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

Camp: ☐ Full Day ☐ Jr. Camp ☐ Early/Late is NOT needed ☐ Early drop off is needed from: ☐ Late pick up is needed until:

Camp Week #1					Camp Week #2					Camp Week #3					Camp Week #4					Camp Week #5					Camp Week #6				
30	1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	1	4	5	6	7	8
	H																								H				

Camp Week #7					Camp Week #8					Camp Week #9					Holiday Camp Dec					Holiday Camp Dec					March Break				
11	12	13	14	15	18	19	20	21	22	25	26	27	28	29	22	23	24	25	26	28	29	30	31	1	16	17	18	19	20
																		H	H					H					

Participant #2 Name:

Birthdate: MM   DD   Year   Gender:

Address:	City	Postal Code

Notes: Allergies/meds/special needs etc:

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

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																		H	H					H					

Participant #3 Name:

Birthdate: MM   DD   Year   Gender:

Address:	City	Postal Code

Notes: Allergies/meds/special needs etc:

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

Camp: ☐ Full Day ☐ Jr. Camp ☐ Early/Late is NOT needed ☐ Early drop off is needed from: ☐ Late pick up is needed until:

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Simcoe Gliders Gymnastics Club Inc.   Box 364, Simcoe, ON N3Y 4L2   519-428-5119   info@simcoegliders.ca