

Date: \_\_\_\_\_

# Flippers Gymnastics 346-1607

## 2009/2010 Registration Form

This form must be fully completed to register your child for classes

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child's Gender: M \_\_\_ F \_\_\_ Birth date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year

Is your child: New \_\_\_ Returning: \_\_\_ Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_ Medications: \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Manitoba Medical #'s (both): \_\_\_\_\_

We acknowledge that participation in this sport by our child involves some risk of injury. We hereby consent to his/her involvement notwithstanding. We agree to save harmless the organizers and /or supervisors of Flippers Gymnastics from any and all claims arising from any and all damages, losses and /or injuries to our child. There is a \$25.00 non-refundable administration fee for all registrations. The MGA insurance fees are non-refundable. Parent Initial: \_\_\_\_\_. As per the Privacy Act, I hereby consent to the publishing of my child's name and results by any public media, be it newspaper, radio or website, and any future use of this information.

Parent Signature: \_\_\_\_\_ I have read the policies page: \_\_\_\_\_

**There will be a \$25.00 NSF fee o any returned cheques. One month written notice required to cancel enrolment. No refunds given after Feb. 1, 2010**

### Office Use ONLY

Paid in full Cash: \_\_\_\_\_ Cheque: \_\_\_\_\_

Option #1 - 8 Post-dated cheques: \_\_\_\_\_

Option #2 - 2 post-dated cheques: \_\_\_\_\_

Class: Comp \_\_\_ Rec \_\_\_ Pre Comp \_\_\_ Kinder Kids \_\_\_ TNT \_\_\_ H.S. \_\_\_

Class Day: \_\_\_\_\_ Time: \_\_\_\_\_ Level: \_\_\_\_\_