



**CORNWALL GYMNASTICS CLUB**

# **PROGRAM REGISTRATION**

**Fall - Winter - Spring**

Participant 1 \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB mm /dd /yy

Participant 2 \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB mm /dd /yy

Participant 3 \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB mm /dd /yy

Guardian/contact person \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Any notable past illness/allergies #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

## **PROGRAMS**

Participant	Class	Class	Fall	Winter	Spring	Price
#1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
#2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
#3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OGF# \_\_\_\_\_

TOTAL \_\_\_\_\_

**WAIVER:** I UNDERSTAND THAT CORNWALL GYMNASTICS CLUB WILL NOT BE RESPONSIBLE IN ANY WAY IN THE EVENT OF ACCIDENTAL INJURY TO MY CHILD OR PARTICIPANT. I ALSO UNDERSTAND THAT THERE WILL BE NO REFUND GIVEN AFTER THE 2ND CLASS AND A \$25.00 SERVICE CHARGE WILL BE TAKEN OFF ALL REFUNDS.

I give permission for the Cornwall Gymnastics Club to use any photo of my child for all club purposes.

\_\_\_\_\_

SIGNATURE

**COME IN AND REGISTER OR PHONE US AT 933-4356**

525 Boundary Rd., Cornwall, Ontario K6H 6K8

**Fax: (613) 933-9576**