



REGISTRATION FORM

Adult Drop-In

Pulsars Gymnastics Club 1206 Ringwell Drive, Newmarket Ontario
Phone: (905) 836-2209 Fax: (416) 850-9633
www.pulsarsgymnastics.com

Participant Information

Name: _____
Address: _____ City: _____
Postal Code: _____ Gender: Male Female
Phone: _____ Cell Home
Email: _____ Birth Date: _____ (mm-dd-yy) Age: _____

Emergency Contact Person

Name: _____ Relationship : _____
Phone: _____ Cell Home

Release

I, the undersigned, hereby agree to indemnify and save harmless, the **Pulsars Gymnastics Club of Newmarket** and their Officers, instructors, coaches, employees, members from and against all claims, demands, costs, damages, actions, suits, or proceedings arising out of participation of activities within the facility.

Although every effort will be made to provide a safe and enjoyable atmosphere, it must be recognized that there are inherent risks involved. If you have any doubt as to you or your child's suitability for participating, please consult your doctor.

I agree a supervising coach or staff member may ask me/my child to leave without warning, if I do not comply with the gym rules as posted, this includes but not limited to misuse of equipment and language profanities (NO REFUNDS WILL BE ISSUED).

Date: _____
Signature of participant, parent, or legal guardian if under 18 year of age