



REGISTRATION FORM

Recreational Programs

Pulsars Gymnastics Club • 1206 Ringwell Drive • Unit 2 • Newmarket, Ontario • L3Y 8V9
 Phone: (905) 836-2209 • Fax: (416) 850-9633 • Email: pulsarsgymnastics@rogers.com
 www.pulsarsgymnastics.com

	<input type="checkbox"/> SUMMER	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING
Program Code:				
Program :				
Day:				
Time :				

Athlete's name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Male/ Female : _____

Email: _____

Birth Date: _____

(mm dd yyyy) Age: _____

Parent's Name: _____

Phone (Bus): _____

Cell: _____

Parent's Name: _____

Phone(Bus): _____

Cell: _____

Alternate Contact: _____

Phone(Bus): _____

Cell: _____

Medical/Special Concerns: _____

Although every effort will be made to provide a safe and enjoyable gymnastic program, it must be recognized that there are inherent risks involved. If you have any doubt as to your child's suitability for participating, please consult your doctor: Refund will not be given. A credit will be applied to another session for medical reasons only. Recreational classes missed may be made up within the current session in case of illness only. A charge of \$30.00 will be levied on NSF cheques.

I, _____ [please print], consent to the Pulsars Gymnastics Club collecting personal information about my son/daughter, including name, address, date of birth, gender, language preference, telephone numbers, and e-mail address. I consent to the club for maintaining a file of my son/daughter's personal information and updating the personal information as required. Pulsars Gymnastics Club reserves the right to use video and/or photographs of members for promotional purposes.

RELEASE:

I, the undersigned, hereby agree to indemnify and save harmless Pulsars Gymnastics Club of Newmarket, their/its officers, instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, actions, suits or proceedings arising out of participation of myself/my child, named above, in any gymnastic and camp activity.

Date: _____

 Signature of Participant, parent, or legal guardian
 if under 18 years of age

Date:	
Payment Method	
Regular Fees	
% Discount / Pro Rate (# of weeks)	
Discounted Fee / Pro Rate Fee	
Registration Fee	
Sub Total	
HST	
Total	
Invoice #	