Ritmika
Rhythmic Gymnastics Club

2011/12 RECREATIONAL REGISTRATION FORM

Please check one.

☐ *Tiny Bugs* ☐ *Tiny Tots* ☐ *Children* ☐ *Girls* ☐ *Teens* ☐ *Adults*

Location: ___ Ritmika Centre ___ Charles Howitt P.S. ___ Blessed Sacrament C.S

Training Day & Time: _____ ☐New member ☐Old member

Personal information

Gymnasts Name:

_____
LAST *MIDDLE* *FIRST*

Address: _____
Number/Street apt. City postal code

Home Phone: ( ) _____ E-mail: _____

Date of Birth: _____/_____/_____ Age: _____
Month *Day* *Year*

Contact information

Father's Name: _____ E-mail: _____
LAST *FIRST*

Work Phone: ( ) _____ Cell Phone: ( ) _____

Mother's Name: _____ E-mail: _____
LAST *FIRST*

Work Phone: ( ) _____ Cell Phone: ( ) _____

Emergency Contact information

Name: _____ Phone: ( ) _____

Relationship to Child: _____

Medical information

Health Card #: _____ Allergies/Medications: Yes __ No ___

If yes, Please list : _____

Method of Payment

__Cash ___Cheque __ Credit Card _____ Amount __ Paid in Full __10 P.D. Cheques

Administration Fee _____ Date beginning sessions _____

How did you hear about us? *Newspaper* ___ *Flyer* ___ *Gold Book* ___ *Word of Mouth* ___ *Other* ___

By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this form is physically fit to participate in rhythmic gymnastics and any other programmes provided by Ritmika R.G.Club. RITMIKA R.G. Club will provide every safeguard for the health and welfare of each participant but will be released from all actions, damages, claims whatsoever arising out of participation of the person so named in the program stated above on this form.

I hereby give permission to Ritmika R.G.Club to photograph my child for class purposes, and that these photos may be used for advertising purposes.

Signature: _____ Date: _____
Parent / Guardian, Gymnast if over 18