



REGISTRATION FORM

Please use a separate form for each child

Participant information:

Name: Birthdate: (D,M,Y)

Sex: M/F Age: Healthcard #:

Address: Number/street apt. City postal code

Home Telephone:

Are there any medical or special needs you would like us to know?

Parent/Guardian Name:

Bus. Phone: Mobile Phone:

Emergency contact information:

Name:

Home Phone: Business Phone: Mobile:

Fees: \$ 250 full day week (9:00am-4:00pm); \$ 150 half day week (9:00am-12:00pm or 1:00pm-4:00pm) Early bird price: \$ 215 full day week \$ 125 half day week**

- July 5-9, July 12-16, July 19-23, July 26-30, Aug 2-6, Aug 9-13, Aug 16-20, Aug 23-27

Please check off week attending

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

**Fees are payable by cash or cheque.

Make your cheque payable to "RITMIKA R.G. Club" and mail it to: Ritmika R.G. Club 361 Four Valley Drive, Unit #3 Concord, Ont. L4K 5Z3