



**Ritmika**  
Rhythmic Gymnastics Club

# Summer CAMP 2011

## 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 + HST - full day week (8:30am-5:30pm)  
\$ 150 + HST - half dayweek (8:30am-12:00pm or 1:00pm-5:30pm)  
**Early bird price:** \$ 215+HST - full day week  
\$ 125 +HST - half day week

Extra Fees will be applied for once a week excursions (for event tickets and transportation)

- July 5-8       July 11-15       July 18-22       July 25-29  
 August 2-5       August 15-19       August 22-26

### 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