



Please check one.

Tiny Bugs
 Tiny Tots
 Children
 Girls
 Teens
 Adults
 Parents&Tots

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