



Please check one.

Tiny Bugs  Tiny Tots  Children  Girls  Teens  Adults

Location:  Ritmika Centre  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