



Ritmika
Rhythmic Gymnastics Club

Summer CAMP 2017

COMPETITIVE 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: _____ E-mail _____

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: _____

- **Fee # 1:** \$ 325 - Monday to Friday 9am-5pm (includes 5 hours for competitive intensive training)
 - **Fee # 2:** \$ 260 - Monday to Friday 9am-2pm - competitive intensive training only.
 - **Fee # 3:** \$ 70 - Day Pass
- Fees payable by CASH, CHEQUE OR CREDIT CARD**
- Extra Fees will be applied for any outside excursions.
(for event tickets and transportation)

Please check off week attending

August 8-11 August 14-18 August 21-25 August 28-Sept.1

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