Ritmika
Rhythmic Gymnastics Club

2020/2021 RECREATIONAL REGISTRATION FORM

Please check one.

☐ *Tiny Bugs* ☐ *Tiny Tots* ☐ *Children* ☐ *Girls* ☐ *Teens* ☐ *Adults*

Training Day & Time: ☐ New member ☐ Old member

Personal information

Gymnast's 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 _____

TERMS AND CONDITIONS: 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 programs provided by Ritmika RGC Inc. Ritmika RGC Inc. will provide every safeguard for the health and welfare of each participant but Ritmika RGC Inc., its coaches, directors, officers and members will be released from all actions, costs, expenses, demands, damages and 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 RGC Inc. and its partners to photograph, videotape, film and audio-tape my child and that these materials, occasionally with gymnast's name, may be published in media, used in Internet, club website and social media channels for documentation and club promotion purposes. I understand that failure to comply with any of the policies and rules of the Club and/or Gymnastics Ontario may result in the suspension or termination of membership.

Signature: _____ Date: _____

Parent / Guardian, Gymnast if over 18