



Ritmika

Rhythmic Gymnastics Club

2025/2026 RECREATIONAL REGISTRATION FORM

Select one of the following: **TINY TOTS** 4-6 yrs old **GIRLS** 7-8 yrs old **TEENS** 9-13 yrs old

Training Day(s): _____ New Member Old Member

PARTICIPANT INFORMATION

FULL NAME: _____ BIRTHDATE: _____ AGE: _____
DD / MM / YYYY

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PARENT/GUARDIAN CONTACT INFO

MOTHER'S NAME: _____ E-MAIL: _____

MOBILE #: _____ HOME PHONE #: _____

FATHER'S NAME: _____ E-MAIL: _____

MOBILE #: _____ HOME PHONE#: _____

EMERGENCY CONTACT INFO

NAME: _____ RELATION: _____

MOBILE #: _____ HOME PHONE #: _____

MEDICAL INFO

HEALTH CARD #: _____ ALLERGIES? YES NO

If yes, please provide us with any necessary information, medications, etc: _____

PAYMENT METHOD & INFO

Please choose one of the following options:

POST-DATED CHEQUES (dated the 1st of each month Sept-June) E-TRANSFER: ritmika@ritmika.ca

The following fees are to be included with your first payment:

- \$150 administration fee
- \$41 Gymnastics Ontario fee

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 programmes provided by Ritmika R.G.C. RITMIKA R.G.C 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.C to photograph my child for class purposes, and that these photos may be used for advertising purposes.

SIGNATURE: _____ DATE: _____