

# REGISTRATION FORM (Please Print)

## Personal Information

Gymnast's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth day (MONTH, DAY, YEAR) \_\_\_\_\_ Sex (F, M) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Emergency # \_\_\_\_\_

Level Ach' OR NEW \_\_\_\_\_ E - mail \_\_\_\_\_

Notes: \_\_\_\_\_

## Program Request (check one)

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Parent & Tot A | <input type="checkbox"/> Boy's Rec | <input type="checkbox"/> Acro or Tumble   |
| <input type="checkbox"/> Parent & Tot B | <input type="checkbox"/> Adv. Rec  | <input type="checkbox"/> Kinder D'Nastics |
| <input type="checkbox"/> Kindergym      | <input type="checkbox"/> Teen Rec  | <input type="checkbox"/> Rec D'Nastics    |
| <input type="checkbox"/> Girl's Rec     | <input type="checkbox"/> Adult Rec | <input type="checkbox"/> _____            |

## Time Request Day Time

1<sup>st</sup> Choice : \_\_\_\_\_

2<sup>nd</sup> Choice : \_\_\_\_\_

CFTC Receipt: \_\_\_\_\_  
Payer's full name (Please PRINT)

## Cost of Program

Class Fee \$ \_\_\_\_\_ .

Discount \$ \_\_\_\_\_ .

Subtotal \$ \_\_\_\_\_ .

Member. fee \$ \_\_\_\_\_ .

Total \$ \_\_\_\_\_ .

## Paid by:

Cheque

Cash

Interac

Visa / MC

Other \_\_\_\_\_

## We'd like to know how you heard of us ...

- Newspaper  Flyer  Word of Mouth  Other

**Amateur athletic waiver:** In consideration of being allowed to participate at STARS Fitness & Gymnastics with regards to athletic/sports program, related events and activities, the undersigned individual acknowledges, appreciates, and agrees that:

- As in any sport the possibility of injury exists, and where particular rules, equipment, and personal discipline may reduce the risk, the risk of injury does exist.
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately.

**Publicity:** STARS Fitness & Gymnastics periodically uses photos of gymnasts for its ads, web page or other forms of publicity. I give approval for such photos of the gymnast registered above to be used in this manner.

Signature of Parent / Legal Guardian or participant if 18 or older \_\_\_\_\_ Date \_\_\_\_\_