

## CHAMPIONS GYMNASTICS

Telephone (705)743-9338	1931 Lansdowne S	street West	Peterboroug	gh, ON K9K 0C9
New Athlete Information:				
Last Name: First Na		ıme:		<b>Sex:</b> M / F
Birth Date:///	Age: Telej	phone#: (_	)	
Street Address:				
City:				
Allergies:Notable Past Illness:				
Contact Information:				
Parent(s)/Guardian(s):				
1		Phone #	<u> </u>	
2			!()	
Email address:				
Other Contact Person (optiona				
1		Phone #	<u> </u>	
Are you a resident of Cavan M	onaghan Township?	Yes	No	
If your child were to appear in	a group or individual r	hotograph	taken at Champ	ions Gymnastics,
may we use it for advertising p			No	
<ul> <li>Any activity involving motion or heig Champions Gymnastics are solely at owner, management and coaching star of the services and facilities at Champer If withdrawing from a program before issued after the 3<sup>rd</sup> week of classes, upon A \$10.00 administration fee will be a All club fees of \$30.00+HST (registrate). There is a \$25.00 administrative fee for Parents are not permitted in the gym,</li> </ul>	the risk of the participant and ff from any liability, claims, pions Gymnastics. The the session begins, we will pless provided with a medica pplied to any refund. Attion/insurance fee) are non-rior any NSF cheques/paymen	I hereby relea- injury damag refund the to I note. refundable. Cl ts.	se and discharges Che, loss whatsoever, we tal amount of the class the class are renewed	nampions Gymnastics, its which may result in the uses fee. No refunds will be suffered to July 1st of every year.
I have carefully read this agreement	and understand the Terms a	and Condition	ns and agree to be be	ound to them.
Signature of Parent/Guardian:		Date:		
********	*******	******	*****	******
Office Use Only:				
Day:	Class: Date Registere		Time:	
Session:	Date Registere	.q.		