



CHAMPIONS GYMNASTICS

Telephone (705) 743-9338 1931 Lansdowne Street West Peterborough, ON K9K 0C9

Last Name: _____ First Name: _____ Sex: _____

Birth Date: ___/___/___ Age: ___ Telephone#: _____
 D M Y

Daytime or Cell # _____

Street Address: _____ Apt. # _____

City: _____ Prov: Ont. Postal Code: _____

Contact Person:

Name: _____, Relationship to Child: _____ Day# _____

Notable Past Illnesses or Allergies: _____

If you have a group request for your child, please indicate below and we will do our best to try and accommodate it. _____

If your child were to appear in a group or individual photo taken at Champions Gymnastics, are we free to use it for advertising purposes? Yes _____ No _____

By submitting this form, I give permission for my child to participate in all program activities, including those supervised trips and activities not on the Champions Gymnastics property.

Release: Any activity involving motion or height creates the possibility of accidental injury. All activities and exercises performed at Champions Gymnastics are solely at the risk of the participant and hereby release and discharges Champions Gymnastics, it's owner, management and coaching staff from any liability, claims, injury damage, loss whatsoever, which may result in the use of the services and facilities at Champions Gymnastics. I have carefully read this agreement and I understand the Terms and Conditions and agree to be bound to them.

Signature of Parent/Guardian _____ Date _____

Camp Week 1 2 3 4 5 6 7 8 9

Single Days: _____

Office Use Only: *****

Amount Paid: _____ + tax = Total: _____