



CHAMPIONS GYMNASTICS

Telephone (705)743-9338

2410 Lansdowne Street West

Cavan Monaghan, ON K9K 0G5

Athlete Last Name: _____ **Athlete First Name:** _____

Gender: M / F

Birth Date: ____/____/____
DD / MM / YYYY

Age: _____

Allergies: _____

Any medical conditions: _____

Street Address: _____ **Apt. #** _____

City: _____ **Prov:** Ontario **Postal Code:** _____

If your child were to appear in a group or individual photograph taken at Champions Gymnastics, may we use it for advertising purposes? **Yes**____ **No**____

Parent/Guardian Information:

Relationship to Athlete

1. _____ **Phone #** () _____

2. _____ **Phone #** () _____

Email address: _____

Emergency Contact Person (optional – other than the guardians listed above)

Relationship to Athlete

1. _____ **Phone #**() _____

- 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, its 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.
- If withdrawing from a program before the session begins, we will refund the total amount of the class fee. No refunds will be issued after the 3rd week of classes, unless provided with a medical note.
- A \$20.00+HST administration fee will be applied to any refund.
- All club fees of \$30.00+HST are non-refundable. Club fees are renewed July 1st of every year.
- There is a \$25.00+HST administrative fee for any NSF cheques/payments.
- Parents are not permitted in the gym, unless participating in a Parent and Tot or Jr Kindergym program. Please use our viewing area.

I have carefully read this agreement and understand the Terms and Conditions and agree to be bound to them.

Signature of Parent/Guardian: _____ *Date:* _____

Office Use Only:

Class: _____ **Day:** _____ **Time:** _____

Session: _____ **Date Registered:** _____ **Staff:** _____

Amount Paid: _____

Payment Method _____ **10% Sibling Discount Applicable?** **Yes** ___ **No** ___ **Receipt #** _____