

REGISTRATION FORM (Please Print)

Personal Information

Gymnast's First Name _____ Last Name _____

Birthday (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"/> Other |

Time Request Day Time

1st Choice : _____

2nd 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:

1. 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.
2. 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 _____