

Registration Form

All shaded areas must be filled in

Athlete Info

Name		Age	Date of Birth
Parent's Name		Phone#	
Address			
City		Cell Ph#	
Postal Code		Work#	
Email			
Emergency Contact		Relationship	Ph#
Doctor			Ph#
BC Medical#			
Medical Info			

Registration Info *Circle One* Fall / Winter / Spring / Summer / Camp

Class Name		Amount Pd \$
Day(s)		<input type="checkbox"/> Cash <input type="checkbox"/> Chq <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MC
Time		CC # & Expiry

Fee Info

Program Fee		New Member / Returning Member	
Discount		<input type="checkbox"/> 10% Sibling/2 nd class <input type="checkbox"/> \$5 Birthday Coupon <input type="checkbox"/> Other	
GBC \$20 for 2 nd child, \$15 for 3 rd	\$25	How Did You Hear About Us? <input type="checkbox"/> Birthday <input type="checkbox"/> Field Trip <input type="checkbox"/> Newspaper <input type="checkbox"/> OpenHouse <input type="checkbox"/> Website <input type="checkbox"/> PhoneBook <input type="checkbox"/> Friend <input type="checkbox"/> GymTrans <input type="checkbox"/> Other <input type="checkbox"/> Tradeshow	Written in Binder
Sub-Total			Entered in DB
5% GST			Date Paid
TOTAL			

Policies:

- ✓ Membership fee: includes insurance, please add \$25
- ✓ Classes will run pending registration
- ✓ Refunds: Cancellation before the first day of classes, 80% of the fee will be refunded. Cancellation after the first day, 80% of prorated fee will be credited. No refunds after 3rd class, except for medical reasons and a doctor's note must be provided.

Release Clause: I hereby authorize my child's participation in this program. I know of no mental or physical problems that may affect my child's ability to participate safely in this program. I am aware that gymnastics and trampoline activities by their nature, involve a certain element of risk, which involve potential for bodily injury. A portion of the registration fee paid to Gymnastics BC is allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit my child to participate.

Signature of Parent/Guardian

Date

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Sub-Total			Entered in DB
5% GST			Date Paid
TOTAL			

Policies:

- ✓ Membership fee: includes insurance, please add \$22
- ✓ Classes will run pending registration
- ✓ Refunds: Cancellation before the first day of classes, 80% of the fee will be refunded. Cancellation after the first day, 80% of prorated fee will be credited. No refunds after 3rd class, except for medical reasons and a doctor's note must be provided.

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Signature of Parent/Guardian

Date

Fee Worksheet

Class Name	
Day & Time	
Fee	
Discounts	
Second Class	
Day & Time	
Fee	
Discounts	
Camps	
Week(s) & Time	
Fee <small>(no discount on any camps)</small>	
Other Camp	
Week(s) & Time	
Fee <small>(no discount on any camps)</small>	
Subtotal	
GBC/Membership	
GST	
Total Fees	
CC#	
Expiry	

Fee Worksheet

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Day & Time	
Fee	
Discounts	
Second Class	
Day & Time	
Fee	
Discounts	
Camps	
Week(s) & Time	
Fee <small>(no discount on any camps)</small>	
Other Camp	
Week(s) & Time	
Fee <small>(no discount on any camps)</small>	
Subtotal	
GBC/Membership	
GST	
Total Fees	
CC#	
Expiry	