2017/2018 Registration Form

CARTWHEELS GYM CENTRE
12 Armstrong Ave, Georgetown ON, L7G 4R9
Phone: (905) 702-9904 Email: info@cartwheelsgymcentre.com

Please check one:

□ Tiny Gym □ Tiny Gym Plus □ Mini Gym □ Kindergym □ Kindergym Plus □ Boys Gym
□ JR Gym □ JR Gym Plus □ JR/SR Gym □ SR Gym □ SR Gym Plus □ SR Gym 10+
□ New Member □ Returning Member

TERM (Day & Time): T1 □ _____ T2 □ _____ T3 □ _____ T4 □ _____

Personal Information

Gymnasts Name: _____ please circle: M or F

Address: _____
Number/Street City Postal Code

Home Phone: ( ) _____ Date of Birth: _____/_____/_____ Age: _____
Month Day Year

Parent/Guardian Contact Information

Parent/Guardian #1 :_____

Work Phone: ( ) _____ Cell Phone: ( ) _____ Email: _____

Parent/Guardian #2: _____

Work Phone: ( ) _____ Cell Phone: ( ) _____ Email: _____

Emergency Contact Information

Name: _____ Phone: ( ) _____

Relationship to Child: _____

Medical Information

Allergies/Medications? □Yes □No If yes, Please list : _____

Health/Special Needs Information: _____

Method of Payment- (OFFICE USE ONLY)

□ Membership Fee $35 (If already paid at another club please attach a copy) □ Discounts_____

(**OFFICE**-PLEASE INDICATE PAYMENT TYPE, AMOUNT AND DATE)

TERM 1 _____ TERM 2_____ TERM 3_____ TERM 4_____

There is a potential risk of injury in training in any sport. Both Gymnastics Ontario and Cartwheels Gym Centre have tried to create a safe and controlled environment. Rules have been established for participation and conduct in and around the gym area that must be followed. Cartwheels Gym Centre has the right to remove any participant for non-compliance. All information collected is for registration purposes only.

Signature: _____ Date: _____
Parent / Legal Guardian