

New Member
(Please check)

VAUGHAN RECREATIONAL GYMNASTICS
REGISTRATION FORM 2010 –2011

Payment Terms: Cash or cheque - Cheques to be made payable to Vaughan Rec Gymnastics

Gymnast's Given Name Gymnast's Surname Age

Birthdate (y/m/d) Sex (M/F) Health Card Number Home Phone Number

Home Address City / Town Postal Code

Father's Name Cell Phone

Mother's Name Cell Phone

Allergies/Illnesses E-Mail Address

NOTICE OF WARNING: There is a potential risk for injury involved in training and participating in any sport. Both Gymnastics Ontario and Vaughan Recreational Gymnastics have tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gymnastics area that MUST be followed.

Date Print Name of Child Signature of Parent/Guardian

GO Fee Paid Date: _____

| Day | Time | Amount | Date on cheque | Cash | Date rec'd | Initial |
|-----|------|--------|----------------|------|------------|---------|
|-----|------|--------|----------------|------|------------|---------|

Session 1: _____

Session 2: _____

Full Year payment selected **Amount:** _____ **Date:** _____ **Initial** _____