

Recreational registration form 2024-2025



Select one of the following: 5-7 y.o. 8-10 y.o.

Training Day(s): _____ New

Member Old Member

PARTICIPANT INFORMATION

FULL NAME: _____ BIRTHDATE: _____ AGE: _____
DD / MM / YYYY

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PARENT/GUARDIAN CONTACT INFO

MOTHER'S NAME: _____ E-MAIL: _____

MOBILE #: _____

FATHER'S NAME: _____ E-MAIL: _____

MOBILE #: _____

EMERGENCY CONTACT INFO

NAME: _____ RELATION: _____

MOBILE #: _____

MEDICAL INFO

HEALTH CARD #: _____ ALLERGIES? YES NO

If yes, please provide us with any necessary information, medications, etc: _____

PAYMENT METHOD & INFO

Please choose one of the following options:

POST-DATED CHEQUES (dated the 1st of each month Sept-June)

E-TRANSFER:
yuliagymnastics@gmail.com

CREDIT CARD *If paying by credit card, a 3% processing fee will be added to your monthly payments.

The following fees are to be included with your first payment:

- \$100 administration fee

TERMS AND CONDITIONS: By submitting and signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this form is physically fit to participate in rhythmic gymnastics and any other programmes provided by YULIA GYMNASTICS. YULIA GYMNASTICS will provide every safeguard for the health and welfare of each participant but will be released from all actions, damages, claims whatsoever arising out of participation of the person so named in the program stated above on this form. I hereby give permission to YULIA GYMNASTICS to photograph my child for class purposes, and that these photos may be used for advertising purposes.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN/GYMNAST 18+