

# RHYTHMIC ANCASTER

## 2022 Summer Registration Form



### PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Alternate Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

### MEDICAL INFORMATION

Health Card #: \_\_\_\_\_ Allergies? Yes NO  
If yes, please specify: \_\_\_\_\_

### CLASS INFORMATION

| Group name | Time           | 4 Classes             | 8 Classes             |
|------------|----------------|-----------------------|-----------------------|
| REC 4-6    | 4:45-6:00 p.m. | <input type="radio"/> | <input type="radio"/> |
| REC 7-9    | 4:45-6:00 p.m. | <input type="radio"/> | <input type="radio"/> |

### PAYMENT METHOD

Please choose one of the following options:

- Credit Card (accepted online only processing fee will apply ).  
 E-Transfer

#### summer class Fees

Rec 4-6, 4 classes \$100+HST  
Rec 4-6, 8 classes \$165+HST  
Rec 7-9, 4 classes \$100+HST  
Rec 7-9, 8 classes \$165+HST

Drop in option \$27 (day of)

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 Rhythmic Ancaster. Rhythmic Ancaster 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 Rhythmic Ancaster photograph my child for class purposes, and that these photos may be used for advertising purposes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_