



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	Age	Days
RHYTHMIC MUNCHKINS	3	<input type="radio"/> Monday 3:30-4:15 <input type="radio"/> Saturday 9-9:45
RHYTHMIC FLOWERS	4-5	<input type="radio"/> Monday 4:15-5pm <input type="radio"/> Wednesday 4:15-5pm <input type="radio"/> Saturday 9:45-10:30
RHYTHMIC RAYS 1	6-7	<input type="radio"/> Monday 5-6pm <input type="radio"/> Friday 4:30-5:30 <input type="radio"/> Saturday 10:30-11:30
RHYTHMIC RAYS 2	8-9	<input type="radio"/> Monday 6-7:15 <input type="radio"/> Friday 5:30-6:45 <input type="radio"/> Saturday 11:30-12:45
RHYTHMIC STARS	10+	<input type="radio"/> Monday 7:15-8:30 <input type="radio"/> Wednesday 7-8:15

PAYMENT METHOD

Please choose one of the following options:

- Credit Card
(accepted online processing fee will apply)
- E-Transfer
- Post-dated Cheques
(dated the 1st of each month)

Monthly class fees

Rhythmic Munchkins once \$75 +HST or twice \$125+HST
Rhythmic Flowers once \$75 +HST or twice \$125+HST
Rhythmic Rays 1 once \$85 +HST or twice \$145+HST
Rhythmic Rays 2 once \$100 +HST or twice \$175+HST
Rhythmic Stars once \$100 +HST or twice \$175+HST

The following registration fee is to be included with your first payment: \$50 includes registration and a uniform.

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: _____