20 Gilbert A 70 Garner Rd Ancaster 647-990-21 www.rhythmicand	East 2024 Sp	RHYTHMIC ANCASTER 2024 Spring Session Registration Form March 18 - June 15			All of the second secon
	P	ARTICIPANT INFO	ORMATION		WHYTHMIC'
Full Name:		Birthdate:			Age:
	PARE	NT/ GUARDIAN	INFORMATIO	N	
Address:		_ First Name: Phone r Phone r :t: Phon		number:	
		MEDICAL INFOR	RMATION		
Health Card #: If yes, please specify:					
		CLASS INFORM	MATION		
5	Age 3 4-5 Mon 4:15-5 6-7 Mon 5-6 8-9 Mon 6-7:15 10+ Mon 6-7:15	○ Wed 5-6	 Fri 4-4:45 Fri 4:45-5:45 	Sat 10	9:45 45-10:30):30-11:30 :30-12:30

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)

Spring Session fees

Rhythmic Munchkins once \$248 +HST or twice \$400+HST Rhythmic Flowers once \$248 +HST or twice \$400+HST Rhythmic Rays 1 once \$286+HST or twice \$474+HST Rhythmic Rays 2 once \$338+HST or twice \$575+HST Rhythmic Stars once \$338+HST or twice \$575+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 photosmay be used for advertising purposes.

SIGNATURE: ____

DATE: ____