

RHYTHMIC ANCASTER

2026 Summer Class Registration Form

July 13-31 | August 10-28



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	July		August	
Rec 3 Y/O	<input type="radio"/> Fri 17	<input type="radio"/> Fri 24	<input type="radio"/> Fri 14	<input type="radio"/> Fri 21
	<input type="radio"/> Fri 31		<input type="radio"/> Fri 28	
Rec Ages 4-6	<input type="radio"/> Mon 13	<input type="radio"/> Wed 15	<input type="radio"/> Mon 10	<input type="radio"/> Wed 12
	<input type="radio"/> Mon 20	<input type="radio"/> Wed 22	<input type="radio"/> Mon 17	<input type="radio"/> Wed 19
	<input type="radio"/> Mon 27	<input type="radio"/> Wed 29	<input type="radio"/> Mon 24	<input type="radio"/> Wed 26
Rec Ages 7-10	<input type="radio"/> Tue 14	<input type="radio"/> Thu 16	<input type="radio"/> Tue 11	<input type="radio"/> Thu 13
	<input type="radio"/> Tue 21	<input type="radio"/> Thu 23	<input type="radio"/> Tue 18	<input type="radio"/> Thu 20
	<input type="radio"/> Tue 28	<input type="radio"/> Thu 30	<input type="radio"/> Tue 25	<input type="radio"/> Thu 27

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)

SUMMER CLASS FEES

Rec Ages 3-6	Rec Ages 7-10
Drop in Class \$25+hst	Drop in Class \$27+hst
4 classes \$100+hst	4 classes \$108+hst
6 classes \$135+hst	8 classes \$189+hst
8 classes \$175+hst	12 classes \$270+hst
12 classes \$250+hst	

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: _____