

**RHYTHMIC ANCASTER**  
**2025/26 Winter Session Registration Form**  
December 8 - March 9



**PARTICIPANT INFORMATION**

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

**PARENT/ GUARDIAN INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alternate Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**MEDICAL INFORMATION**

Health Card #: \_\_\_\_\_ Allergies? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

**CLASS INFORMATION**

Group	Age	Days
<b>Munchkins</b>	3	<input type="radio"/> Wed 4-4:45 <input type="radio"/> Sat 9-9:45
<b>Flowers</b>	4-5	<input type="radio"/> Mon 4:45-5:30 <input type="radio"/> Wed 4:45-5:30 <input type="radio"/> Fri 4-4:45 <input type="radio"/> Sat 9:45-10:30
<b>Rays 1</b>	6-7	<input type="radio"/> Mon 5:30-6:30 <input type="radio"/> Wed 5:30-6:30 <input type="radio"/> Fri 4:45-5:45 <input type="radio"/> Sat 10:30-11:30
<b>Rays 2</b>	8-9	<input type="radio"/> Mon 6:30-7:45 <input type="radio"/> Sat 11:30-12:45
<b>Stars</b>	10+	<input type="radio"/> Mon 7:45-9:00 <input type="radio"/> Fri 5:45-7
<b>Ballet</b>		<input type="radio"/> Mon 6:30-7:15

**Fall Session fees**

Rhythmic Munchkins once \$255 +HST or twice \$455+HST

Rhythmic Flowers once \$255 +HST or twice \$455+HST

Rhythmic Rays 1 once \$275+HST or twice \$500+HST

Rhythmic Rays 2 once \$305+HST or twice \$575+HST

Rhythmic Stars once \$305+HST or twice \$575+HST

Ballet 45 min \$155+HST

**The following registration fee is to be included with your first payment: \$75 includes registration and a uniform.**

**PAYMENT METHOD**

Please choose one of the following options:

- ☐ Credit Card  
(accepted online processing fee will apply)
- ☐ E-Transfer
- ☐ Post-dated Cheque

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: \_\_\_\_\_