

# ROSEDALE GYM CLUB

94 Laird Drive, Toronto, Ontario, M4G 3V2 416-778-9912

www.rosedalegymclub.com

## Registration Form - 2010 – 2011 Season

Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male:  Female:

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

Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

CellPhone #/Business #: \_\_\_\_\_

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

Emergency Contact (name and #): \_\_\_\_\_

Medical Conditions (allergies, asthma, special needs, Prior injuries) :

\_\_\_\_\_ Health Card # \_\_\_\_\_

### PROGRAM SELECTION: PLEASE CHECK PREFERRED SESSION AND CLASS TIME:

SEE WWW.ROSEDALEGYMCLUB.COM FOR CLASS DESCRIPTIONS

#### SESSION:

- FULL SEASON (SEPT – JUNE)
- FALL HALF SEASON (SEPT – JAN)
- SPRING HALF SEASON (FEB – JUNE)

PLEASE SEE PROGRAM SCHEDULE FOR CLASS DAYS AND TIMES:

#### CLASS DAY: PROGRAM LEVEL:

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> MONDAY    | <input type="checkbox"/> PARENT AND TOT          |   |
| <input type="checkbox"/> TUESDAY   | <input type="checkbox"/> KINDERGYM               |   |
| <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> AFTERSCHOOL PROGRAM     | <input type="checkbox"/> 1 HOUR CLASS   |
| <input type="checkbox"/> THURSDAY  | <input type="checkbox"/> RECREATIONAL GYMNASTICS | <input type="checkbox"/> 1.5 HOUR CLASS |
| <input type="checkbox"/> FRIDAY    |  | <input type="checkbox"/> 2 HOUR CLASS   |
| <input type="checkbox"/> SATURDAY  |  |   |

Please indicate second choice for class day and time:

\_\_\_\_\_

\*Preferred class selection may not be guaranteed.

**Gym Attire:** Girls: Tight fitting shorts and T-shirt or leotard, bare feet. Boys: Tight fitting shorts and T-shirt, bare feet. Long hair must be tied back. No rings, watches, necklaces or jewelry. No zippers, metal or decals on clothing to protect the equipment and children's safety. NO GUM!!! Please bring a water bottle.

**Parent/guardian consent of participation and waiver:** The applicant and/or guardian agrees to fully indemnify and hold harmless "Rosedale Gym Club" and its employees, agents and contractors from all claims for loss, injury or damage to persons and property while participating in or travelling to and from the activity. I understand that there are risks associated with gym activities, I declare that the participant named on this form is physically fit to participate in gymnastics and I have accurately disclosed all information regarding his/her physical, mental or medical conditions. I understand that Rosedale Gym Club reserves the right to video and photograph groups of participants to assist in the promotion of the club (names will not be used unless otherwise given permission). I understand that it is my responsibility to ensure that the information on this form is kept current and I will notify the club of any changes immediately.

**Registration and payment policy:** No Refunds, Cash or Cheques only: Make cheques payable to Rosedale Gym Club. Signed registration form and payment for each participant is required prior to participation. Applications are accepted in the order in which they are received.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only:

Payment Date: \_\_\_\_\_,  Cheque \_\_\_\_\_,  Cash