



# REGISTRATION FORM

## PA DAY Program – 2017-2018

**Full Day (9-4): \$60    Half Day (9-12 OR 1-4): \$35    Extended Care (AM: 8-9 & PM: 4-5): \$10/hr OR \$15/day (per family)**

ATHLETE INFORMATION (please print)			MM / DD / YYYY
ATHLETE'S FULL NAME:	SEX:	AGE:	D.O.B. ____/____/____
PARENT'S NAME 1:		2:	
ADDRESS:	HOME PHONE:		
CITY:	ALTERNATIVE PHONE:		
POSTAL CODE:	EMAIL ADDRESS:		
MEDICAL CONDITIONS?    YES _____    NO _____    If YES, please explain:			
If your child were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes? YES _____ NO _____			

**PARENT/GUARDIAN CONSENT OF PARTICIPATION AND WAIVER**

By submitting and signing this form, I acknowledge that I am aware that there are risks with gymnastics. I warrant that the participant named on this information form is physically fit to participate in gymnastics. I acknowledge that there is potential risk for injury involved in gymnastics. I understand that Gemini Gymnastics and Gymnastics Ontario have tried to create a safe and controlled environment for participation and that the club established rules for participation must be followed by the participant at all times. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the Federation. (Please ask for clarification regarding waiver if necessary) I have read and understand the above waiver  (initial please)

**PLEASE READ PROCEDURES PRIOR TO SIGNING REGISTRATION FORM**

1. Classes are confirmed on a first come first served basis. Verbal confirmation will be given upon receipt of payment only.
2. We are in compliance with your rights under the Consumer Protection Act.
3. **In all cases, fees are non-refundable after the 10 day period. A refund will be issued within the 10 day period, less classes passed and a \$25 + HST cancellation fee will apply. Dated, written withdrawal is required.**
4. **If there is a medical reason, a credit will be offered (from the date of the request) minus classes passed and a \$25 + HST cancellation fee will apply. Dated, written withdrawal is required.**
5. **In all cases, the annual G.O insurance & registration fee of \$31.00 + HST is non-refundable.**
6. Non-attendance does not constitute notice of withdrawal.
7. Make-up classes are not available due to coach/ athlete class ratios.
8. Classes and times are subject to cancellation or rescheduling at the discretion of Gemini Gymnastics.
9. Children must be picked up on time or a late fee of \$10 + HST will be charged.
10. Parents are not permitted in the gym A copy of this policy is received with the program schedule  (initial please)

This agreement is subject to coaches' availability. Camps are subject to cancellation due to registration numbers at the discretion of Gemini Gymnastics. The registration deadline is 5 days in advance of the PA Day Camp.

**By signing this form, I have read and agree to the policies outlined in this agreement.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(please print) MM / DD / YYYY

Receive **10% OFF** your 4<sup>th</sup> full PA Day camp and **15% OFF** your 5<sup>th</sup> & 6<sup>th</sup> full PA Day camps! (Applicable Sept 1 2017 to June 30 2018)

**FOR OFFICE USE ONLY**

CIRCLE:			CIRCLE:			CIRCLE:		
Full Day / Half Day AM / Half Day PM			Full Day / Half Day AM / Half Day PM			Full Day / Half Day AM / Half Day PM		
<b>(1) DATE:</b>			<b>(2) DATE:</b>			<b>(3) DATE:</b>		
<b>PA DAY FEE:</b>	\$	<b>METHOD</b>	<b>PA DAY FEE:</b>	\$	<b>METHOD</b>	<b>PA DAY FEE:</b>	\$	<b>METHOD</b>
Discount:	\$	Discover/ CAS/ Jumpstart	Discount:	\$	Discover/ CAS/ Jumpstart	Discount:	\$	Discover/ CAS/ Jumpstart
Extended Care: (\$15/day or \$10/hr)	\$	AM PM	Extended Care: (\$15/day or \$10/hr)	\$	AM PM	Extended Care: (\$15/day or \$10/hr)	\$	AM PM
G.O. Insurance:	\$31.00	CASH <small>(exact change)</small>	G.O. Insurance:	\$31.00	CASH <small>(exact change)</small>	G.O. Insurance:	\$31.00	CASH <small>(exact change)</small>
HST:	\$	DEBIT	HST:	\$	DEBIT	HST:	\$	DEBIT
Credits:	\$	VISA	Credits:	\$	VISA	Credits:	\$	VISA
<b>TOTAL PAYABLE:</b>	\$	MC	<b>TOTAL PAYABLE:</b>	\$	MC	<b>TOTAL PAYABLE:</b>	\$	MC
CIRCLE:			CIRCLE:			CIRCLE:		
Full Day / Half Day AM / Half Day PM			Full Day / Half Day AM / Half Day PM			Full Day / Half Day AM / Half Day PM		
<b>(4) DATE:</b>			<b>(5) DATE:</b>			<b>(6) DATE:</b>		
<b>PA DAY FEE:</b>	\$	<b>METHOD</b>	<b>PA DAY FEE:</b>	\$	<b>METHOD</b>	<b>PA DAY FEE:</b>	\$	<b>METHOD</b>
Discount:	\$	Discover/ CAS/ Jumpstart	Discount:	\$	Discover/ CAS/ Jumpstart	Discount:	\$	Discover/ CAS/ Jumpstart
Extended Care: (\$15/day or \$10/hr)	\$	AM PM	Extended Care: (\$15/day or \$10/hr)	\$	AM PM	Extended Care: (\$15/day or \$10/hr)	\$	AM PM
G.O. Insurance:	\$31.00	CASH <small>(exact change)</small>	G.O. Insurance:	\$31.00	CASH <small>(exact change)</small>	G.O. Insurance:	\$31.00	CASH <small>(exact change)</small>
HST:	\$	DEBIT	HST:	\$	DEBIT	HST:	\$	DEBIT
Credits:	\$	VISA	Credits:	\$	VISA	Credits:	\$	VISA
<b>TOTAL PAYABLE:</b>	\$	MC	<b>TOTAL PAYABLE:</b>	\$	MC	<b>TOTAL PAYABLE:</b>	\$	MC