

REGISTRATION FORM - (This information form is to accompany each program application form)

PROGRAM _____ DATE _____

NAME _____ HOME # _____

ADDRESS _____ CELL # (Mom) _____

CITY _____ POSTAL CODE _____ CELL # (Dad) _____

BIRTH DATE _____ AGE _____ H.I.N. # _____

PARENT / GUARDIAN _____ PHONE (bus.) _____

EMPLOYER _____

PARENT / GUARDIAN _____ PHONE (bus.) _____

EMPLOYER _____

EMAIL : _____

EMERGENCY CONTACT _____ PHONE _____

FAMILY DOCTOR _____ PHONE _____

IN THE INTEREST OF YOUR CHILD'S POSITIVE EXPERIENCE AT KIDS SUPERGYM - MISSISSAUGA, PLEASE CHECK THE APPROPRIATE SPACES:

DOES THE PARTICIPANT HAVE ANY PHYSICAL CONDITIONS? YES _____ NO _____
IF YES, PLEASE ELABORATE _____

DOES THE PARTICIPANT HAVE ANY EMOTIONAL CONDITIONS? YES _____ NO _____
IF YES, PLEASE ELABORATE _____

DOES THE PARTICIPANT HAVE ANY MEDICAL CONDITIONS? YES _____ NO _____
IF YES, PLEASE ELABORATE _____

Although every effort will be made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved. If you have any doubts as to your child's suitability for participating, please consult your doctor. _____
initial

CANCELLATION POLICY: All cancellations are subject to an administrative fee of \$25.00 _____
initial

We, Kids SuperGym - Mississauga, will not share or divulge any personal or confidential information acquired from this form to any outside third party, not associated with Kids SuperGym - Mississauga. Personal information will be shared with our coaches only on a need to know basis.

RELEASE: I, undersigned, have read and understand the above policies of Kids SuperGym - Mississauga. I, undersigned, hereby agree to indemnify and save harmless Kids SuperGym - Mississauga, their officers, instructors, coaches, employees, members and clubs from and against all claims, demands, costs, damages, actions, suits or proceedings, arising out of participation of myself / my child in any activity.

participants name

Signature of participant, parent or legal guardian (if under 18 years of age).

HOW DID YOU HEAR ABOUT OUR PROGRAMS: (Please specify)

Friend: _____ Yellow Pages: _____ Newspaper: _____ Brochure: _____ Display: _____ City Parent: _____

Kids Count Too!: _____ Vista Card: _____ Other: _____