



REGISTRATION FORM

Participant Information

Surname:	Given Name:
Date of Birth (D/M/Y):	Age: Male or Female:
Address:	City:
Postal code:	Phone number:
Health notes:	

Parent/Guardian Information

Name:	Phone number:
Business number:	Cell phone number:
E-mail address:	Do you check your e-mail often?

Other information

How did you hear about us?
If your child's picture was taken at our facility could we use it for advertisement purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Athletes Last Coach: _____

Policies

Family Discounts: 5% for second and third child.

Refunds: There are **NO** refunds for any programs only a credit will be given to use at the facility. There will be a 25% admin fee taken off any credits.

Registration: Payment is in the form of Pre authorized monthly credit card payments, card info must be given at time of registration and payments will come out the 1st of each month

Make up classes: There are **NO** make up classes for absenteeism.

Cancellation of classes or programs: *Notice must be given and form filled out by the 15th of the month with office staff to cancel/withdraw from the next month(s) class. Failure to do so will result in next month's charges. *no exceptions**

Classes that are cancelled by Northumberland Gymnastics Centre due to weather or other reasons will be credited to you for the 1 class to use towards another month or birthday party. Northumberland Gymnastics Centre reserves the right to cancel programs that have insufficient enrolment for which a refund will be given if no other programs are suitable.

Clothing: Children or Teens are required to wear athletic wear and no socks or shoes (except gymnastics slippers). Jewelry is NOT allowed, and long hair MUST be tied back.

*See Parents Handbook for all policies, code of conduct and rules of the gym.

I have received the Parents Handout Yes No

Waiver:

I acknowledge that there are risks associated with the sport of Gymnastics. I understand that Northumberland Gymnastics Centre and Gymnastics Ontario have tried to create a safe environment and that there are rules that must be followed by all participants. I waive the rights of the participant to damages or other costs in the event injury is caused due to participating in gymnastics.

(Signature of Parent/Guardian)

Date

Name of Program:	
Day:	Time:
Sibling(s)name & class:	

GO FEE \$37	Sept. Program Fee _____
Total amount due: \$41.81	Total amount due:
Paid by:	Paid by:
Date paid:	Date paid:

Oct. Program Fee _____	Nov. Program Fee _____	Dec. Program Fee _____
Total amount due:	Total amount due:	Total amount due:
Paid by:	Paid by:	Paid by:
Date paid:	Date paid:	Date paid:

Jan. Program Fee _____	Feb. Program Fee _____	March Program Fee _____
Total amount due:	Total amount due:	Total amount due:
Paid by:	Paid by:	Paid by:
Date paid:	Date paid:	Date paid:

April Program Fee _____	May Program Fee _____	June Program Fee _____
Total amount due:	Total amount due:	Total amount due:
Paid by:	Paid by:	Paid by:
FULL PAYMENT		
Total amount due:		
Paid by:		

Credit card Authorization;

Card Holder Name: _____

Card #: _____ Expiry: _____ Security #'s: _____

**To cancel your child's class, you must fill out a cancellation form from the office by the 15th of the month to withdraw for the upcoming month(s). Failure to do so will result in your credit card being charged for the next month. By signing below you have read and agree to Northumberland Gymnastics policies*

Office Order ID:

Date: _____

Print Name: _____ Sign Name: _____