

Bancroft Gems Gymnastics

29556 Highway 28 South, Box 897, Bancroft, Ontario, K0L 1C0 - (613) 332-6100

www.bancroftgymnastics.com

bancroftgymnastics@gmail.com

Registration Form (*Summer Camp*)

Participants Name: _____

Date of Birth: _____ Gender: M F

Address: _____

Town: _____ Postal Code: _____

Parent/Guardian: _____

Home #: _____ Cell #: _____

Work #: _____

Email: _____

Emergency Contact (name & #): _____

Serious Medical Condition or Injury: _____

PROGRAM SELECTION: (check one)

Week: Aug. 1 to 5	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Kinder
Aug. 8 to 12	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Kinder
Aug. 15 to 19	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Kinder
Aug. 22 to 26	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Kinder
Aug. 29 to Sept. 2	<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day	

Method of Payment: Cash Debit CreditCheque
(Cheques made payable to Bancroft Gems Gymnastics)

Waiver: I understand that there are risks associated with gymnastics. 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 or medical conditions. I understand that Bancroft Gems Gymnastics will create a safe and controlled environment and has established rules for participation on and about the gymnastics area. I waive the rights of the participant to damages or other costs in the event of injury caused due to participation in gymnastics or other involvement with the Bancroft Gems Gymnastics. I understand that Bancroft Gems Gymnastics reserves the right to video and photograph groups of participants to assist in promotion of the club (names will not be used unless otherwise given permission). I will advise on disapproval, if necessary. 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!

Policy: No cash refunds after 2nd class. Missed classes may be made up throughout season, upon availability. Signed registration form and payment for each participant is required prior to participation. Applications are accepted in order in which they are received.

Signature of Parent/Guardian: _____

Date: _____