

Spartan Gymnastics

35 Jutland Road

416 837 0342

info@spartangymnastics.com

Registration Form:

Date: _____

Athlete Name: _____

Age: _____

Address: _____

Home phone #: _____

Email: _____

Parent Names: _____

Cell phone #: _____

Work phone#: _____

Medical Information: _____

Consent:

I am giving permission to my child _____ to participate in gymnastics classes and related activities offered by Spartan Gymnastics. I acknowledge that there is a risk of injury associated with this sport for which I am registering my child or myself. I hereby accept all the risks and release Spartan Gymnastics from all claims of any kind that may arise.

The above information is collected for the sole use of Spartan Gymnastics and will not be distributed in any way to other parties without prior written consent of the athlete's parent or guardian.

Date: _____

Parent/ Guardian Signature: _____

Camp Cost:

Half day \$30

\$30.00

Full day \$50

\$50.00

Payment:

Card number

Expiry date

Signature

Visa

Cash

Cheque

Debit

Iron Bars

Made out to **Spartan Gymnastics**