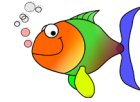




SPARTAN GYMNASTICS



2023-2024

25 CONNELL COURT, UNIT 2

www. spartangymnastics.com

(416) 837 - 0342

Athlete Name:

(1)

(2)

Address:

Home Phone:

Parents Names:

Cell #

Medical Information:

Class Name/
Day(s) Times(s):

Birthdate:

(1)

DD/MM/YYYY

(2)

DD/MM/YYYY



I give Spartan Gymnastics permission to send solicited messages by email X

Email:

Cell (2) #

How did you find out about Spartan Gymnastics _____

I, _____ (Parent/ Guardian Name) have read, agreed to, and signed the Spartan Gymnastics & Spartan District consent form.

I, _____ (Parent/ Guardian Name) have read and agreed that Spartan will ONLY offer **credit** to members wishing to cancel their programs (camps and gymnastics classes) for any reason without exception. Electronic notice must be given 24 hours prior to your program to establish credit note on file. All approved cancellations will be subject to a \$50 cancellation fee and value of classes attended or missed will be deducted. Registration and Insurance fees are not refundable.

Date: _____

Parent/ Guardian Signature: _____

Office use: **Electronic waiver submitted on:**

Checked by: _____



FALL: <input type="checkbox"/>	WINTER: <input type="checkbox"/>	SPRING: <input type="checkbox"/>	SUMMER: <input type="checkbox"/>