



ADVANCE PAYMENT Registration Form

(Please see reverse for PAYMENT PLAN Registration Form) ➔

Participant Information

Last Name: _____ First Name: _____ Male / Female

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Emergency Phone #: _____

Parent Name 1: _____ Parent Name 2: _____

Cell/Work Phone: _____ Cell/Work Phone: _____

Age (current): _____ Birth date (day/month/year) _____ BC Med #: _____

Email Address: _____

Medical Information (allergies, special needs, injuries, etc...): _____

Season	Location	Class Name	Day	Time	Price

2009-2010 Gymnastics BC Insurance/Membership Fee	\$ 30.00
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TOTAL	\$
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I hereby authorize my child's participation in this program. I know of no mental or physical problems that may affect my child's ability to participate in this program. I am aware that gymnastics and trampoline activities, by their nature, involve certain elements of risk that involve potential for bodily injury. A portion of the registration fee paid to Gymnastics BC is allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit my child to participate.

Signature: _____ Date: _____

Payment Information

Method of payment: Visa / MasterCard:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expiry _____ Name on Card: _____

Signature: _____

Cash: _____ Cheque: _____ Interac: _____

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