



Vancouver Phoenix Gymnastics Summer Registration Form 2009

Last Name: _____ First Name: _____ Male / Female

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Emergency Phone #: _____

Parent Name 1: _____ Parent Name 2: _____

#1 Cell/Work Phone: _____ #2 Cell/Work Phone: _____

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

Email Address: _____

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

Please register me for the following Camp(s):

Camp Name	Location	Week #	Dates	Price

Please register me for the following Class(es):

Class Name	Location	Time	Day	Price

New Member Summer GBC & Club Fee		
I am registering for only 1 camp – add \$15.00		\$
I am registering for multiple classes/camps or weekly classes – add \$30.00		\$
TOTAL FEES ENCLOSED		\$

Method of Payment

Cash Cheque Interac (in person at Millennium Gym only) Visa Mastercard

Credit Card # _____ Exp. Date _____

Signature _____

PERMISSION FORM (parent / guardian, please read & sign)

I hereby authorize my child's participation in this program. I know of no mental or physical problems which may affect my child's ability to participate safely in this program. I am aware that gymnastics and trampoline activities, by their nature, involve certain elements of risk which involve a 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 of parent / guardian _____ Date _____



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