



REGISTRATION FORM | Advance Payment

(Please see reverse for PAYMENT PLAN Registration Form) ➔

Participant & Class 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 #: _____
 Parent Email Address: _____
 Medical Information (allergies, special needs, injuries, etc...): _____

Season	Location	Class Name	Day	Time	Price
2011-2012 Gymnastics BC Insurance/Membership Fee					\$ 35.00
TOTAL					\$

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

Visa / MasterCard:

Expiry _____ Name on Card: _____

Signature: _____

Cash: _____ Cheque: _____ Interac: _____

Please see reverse for PAYMENT PLAN Registration Form ➔



REGISTRATION FORM | Payment Plan

(Please see reverse for ADVANCE REGISTRATION Form)



Participant & Class 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 #: _____
 Parent Email Address: _____

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

Season	Location	Class Name	Day	Time	Price
2011-2012 Gymnastics BC Insurance/Membership Fee					\$ 35.00
TOTAL					\$

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

I have selected the following form of payment which I authorize Vancouver Phoenix Gymnastics to cash/charge on **November 15, 2011** and/or **February 15, 2012**, as per my registration request. (see Payment Plan Schedule & Instructions)

- Post-dated cheques (must be attached)
- Credit Card Payment (Visa or MasterCard)

Payment Plan Schedule & Instructions

- Payment of Fall fees plus GBC fee is due at time of registration
- Payment of Winter fees | **Nov. 15, 2011**
- Payment of Spring fees | **Feb. 15, 2012**

Payments can be made with post-dated cheques or pre-authorized credit card.

IMPORTANT: Please inform the office if your credit card or bank information changes

A \$10 service fee applies to all withdrawals prior to the payment date. Regular refund policy applies to withdrawals after the payment date.

Visa / MasterCard:

Expiry _____ Name on Card: _____

Signature: _____

