



GYMNASTICS REGISTRATION SPRING 2020

GYMNAST INFORMATION			
Name:	Birthday (mm/dd/yyyy):	Age at registration:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:	Home Phone Number:
Gymnasts Skill Level: <input type="checkbox"/> Never Participated <input type="checkbox"/> Beginner <input type="checkbox"/> Average <input type="checkbox"/> Above Average			
PARENT 1/PRIMARY CONTACT		PARENT 2/SECONDARY CONTACT	
Name:		Name:	
Cell Phone:	Work Phone:	Cell Phone:	Work Phone:
Email:		Email:	
CUSTODY OF GYMNAST			
Please Specify: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both <input type="checkbox"/> Other:			
WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (List any possible people to pick up in addition to parent 1 & 2)			
Name (other than parent):		Preferred contact number:	
Name (other than parent):		Preferred contact number:	

PROGRAM DESCRIPTIONS: Gymnasts will rotate through the uneven bars, balance beam, tumbling floor and vault. They will progress through CanGym levels at their own pace. They will improve balance, coordination and flexibility.

ELITE GYMNASTICS AVAILABLE. APPROVAL REQUIRED FOR REGISTRATION. (PRIVATE LESSONS AVAILABLE)

SESSION	DATES	REGISTER	CAMP FEE	TOTAL
Spring Parent & Tot (Tues) 5:00-5:45	April 14 th – June 16 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$70 Non Mem \$100	
Spring Parent & Tot (Wed) 5:00-5:45	April 15 th – June 17 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$70 Non Mem \$100	
Spring Parent & Tot (Sat) 9:00-9:45	April 18 th – June 20 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$70 Non Mem \$100	
Spring Kinder (Tues) 5:00-5:45	April 14 th – June 16 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$105 Non Mem \$135	
Spring Kinder (Wed) 5:30-6:15	April 15 th – June 17 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$105 Non Mem \$135	
Spring Kinder (Sat) 9:00-9:45	April 18 th – June 20 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$105 Non Mem \$135	
Spring Novice (Tues) 5:45-7:00	April 14 th – June 16 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$115 Non Mem \$145	
Spring Novice (Wed) 6:15-7:30	April 15 th – June 17 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$115 Non Mem \$145	
Spring Novice (Sat) 9:30-10:45	April 18 th – June 20 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$115 Non Mem \$145	
Spring Rec (Tues) 5:45-7:15	April 14 th – June 16 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$130 Non Mem \$160	
Spring Rec (Wed) 6:15-7:45	April 15 th – June 17 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$130 Non Mem \$160	
Spring Rec (Sat) 9:30-11:00	April 18 th – June 20 th	<input type="checkbox"/> <input type="checkbox"/>	Mem \$130 Non Mem \$160	



MEDICAL INFORMATION

Please describe any allergies, medication or medical needs your child’s gymnastics staff should know about.

Please list any medications that your child may need while at gymnastics:

Does your child require additional support staff due to special needs? Yes No
If you answered yes to your child requiring additional support staff, please call our office at 519-271-0480 to ensure availability of support.
NOTE: You are also required to complete a supplementary form which can be picked up at our branch.

PHOTO CONSENT

The YMCA may wish to use photographs, images and/or recordings containing the participant’s picture, image, voice and/or other likeness for promotional, advertising, public relations and/or informational purposes. I hereby consent to the use of these materials without further notice or compensation, in any publicity or advertisement carried out by the YMCA, including, without limitation, in YMCA brochures, newsletters, annual reports, posters, and/or on website/internet materials and further acknowledge and confirm that the materials and all photographs, images and/or recordings shall remain the property of the YMCA who shall own all copyright and other intellectual property rights therein. By checking “yes”, I am granting my permission Yes No

PAYMENT OPTIONS

YMCA Member Non-Member

(In order to receive the member rate, your gymnast must be a member of the YMCA of Stratford – Perth at the time of registration and during the entire duration of session)

PAYMENT :

Payment in full

Note: Balances cannot be left on account. Accounts must be paid in full at time of registration.

CANCELATION / WITHDRAWAL POLICY

All cancellation requests must be made in person at the Stratford YMCA branch or by email directly to tasha.scott@sp.ymca.ca with subject line “Withdrawal Request” followed by your gymnast’s first and last name. Cancellation requests received prior to 7 business days before start of the affected gymnastics session will receive a full refund. Any refund requests received less than 7 business days prior to the affected gymnastics session or during a gymnastics session will not qualify for a refund. A doctor’s note is required for cancellations due to medical reasons. Refunds may take 2 to 3 weeks to process.

The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close. Options for a refund or transfer to another site will be discussed at that time.

AUTHORIZATION: In permitting my child, _____ to attend YMCA “Gymnastics” Programs, operated by the YMCA of Stratford – Perth, I the undersigned permit my child to participate in the full range of activities and authorize YMCA staff, in the event of accident or illness affecting the above – named, to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as deemed essential for the care and well – being of above named. Such action is to be taken only when immediate contact with the undersigned cannot be made.

Signature of Parent / Guardian

Date Signed