



2016/17 Registration



Family Information

Last Name		Mother		Father	
Address			City	Province	Postal Code
Email Address					
Home #		Mom's Cell#		Dad's cell#	
<input type="checkbox"/> Fathers Work # <input type="checkbox"/> Occupation		<input type="checkbox"/> Mother Work # <input type="checkbox"/> Occupation			
How did you hear about us: _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Flyer <input type="checkbox"/> Driveby <input type="checkbox"/> School			Name of referring member:		School:

Type of Class	Class Day & Time	Cost per class
<input type="checkbox"/> Holding Hands (1-3yrs) 45mins. <input type="checkbox"/> Little Hands up (3-4yrs) 1hr. <input type="checkbox"/> Hands up Kids Zone (5-6) 1hr. <input type="checkbox"/> Super Kids Adv. 1.5hr. (invite) <input type="checkbox"/> Novagym Girls (6-12) 1.5 hr. <input type="checkbox"/> Novaflex Boys (6+) 1.5hr. <input type="checkbox"/> Novagym Tumbling(6-12) 75min <input type="checkbox"/> CanCompete (4hrs/wk) <input type="checkbox"/> Nova Teens (12+) 1.5hrs or 2hr <input type="checkbox"/> Advanced Recreation(9+) 2hr <input type="checkbox"/> Competitive program.	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 Summer <input type="checkbox"/> 1 st Child Time _____ M__T__W__TH__F__S__S__ <input type="checkbox"/> 2 nd Child Time _____ M__T__W__TH__F__S__S__ <input type="checkbox"/> 3 rd Child Time _____ M__T__W__TH__F__S__S__ <input type="checkbox"/> 4 th Child Time _____ M__T__W__TH__F__S__S__	45min - \$45 per month \$225.00/Term 1hr - \$55.00 per month \$275/term 1.5hr - \$75 per month \$375/term 2.0 hrs - \$90 per month \$450/term 1.25hrs. \$67 per month \$335/term ***\$35 membership fee due yearly Monthly pymt _____ Term pymt _____ Fee: \$ _____ Discount: \$ _____ Subtotal: _____ Member Fee: \$ _____ Total Due: \$ _____ Date Paid: _____ Cash _____ Cheque _____ Et _____ Credit _____

Supernova is a year round school, payments may be made by the month or by term, you must notify us in writing before your monthly payment is deposited on the 20th of the month in order to unenroll. The competitive team is a year round commitment, please provide 12 post dated cheques.

Child Information

Child's Name	Birthdate mm/dd/yyyy	Age	Grade	M or F ?
Child's Name	Birthdate mm/dd/yyyy			M or F ?
Child's Name	Birthdate mm/dd/yyyy			M or F ?
Child's Name	Birthdate mm/dd/yyyy			M or F ?

In Case of Emergency

Name of local friend or relative(not at same address) _____ Telephone: _____

Please list all allergies and medical conditions we should be aware of (peanut allergy, epi pen? Adhd, anxiety) _____

Waiver: By signing this form I, _____ acknowledge that I am aware that there are risks involved with participating in the sport of gymnastics and trampolining. I understand that the Whitby Supernova Gymnastics Club has tried to create a safe and controlled environment and that there are rules that must be adhered to by all participants. I waive the rights of the participant to damages or others costs in the event that injury is caused by participating in gymnastics or trampoline.

Signature of parent/legal guardian _____ Date _____

I, the undersigned, do hereby grant or deny permission to Whitby Supernova Gymnastics Ltd. to use the image of my child, _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Whitby Supernova Gymnastics Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image as stated above.

Signature of Parent/legal guardian _____ Date _____

