



2014 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: _____			Name of referring member:	
<input type="radio"/> Newspaper <input type="radio"/> Referral <input type="radio"/> Flyer <input type="radio"/> Driveby <input type="radio"/> School			School:	

Type of 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)90min <input type="checkbox"/> CanCompete (4hrs/wk) <input type="checkbox"/> Nova Teens (12+) 1.5hrs. <input type="checkbox"/> Advanced Recreation(9+) 2hr <input type="checkbox"/>	Class Day & Time <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring <input type="radio"/> Sum <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__	Cost per class 45min - \$130.00/12 wk session 1hr - 160.00 per 12 wk session 1.5hr - \$255 per 12 wk session 2.0 hrs - \$280 per 12 wk session ***\$35 membership fee due upon yearly Fee: \$ _____ Discount: \$ _____ Member Fee: \$ _____ Total Due: \$ _____ Date Paid: _____ Cash _____ Cheque ____
---	---	--

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 _____

