

Family Information

Last Name		Mother		Father	
Address			City	Province	Postal Code
Email Address					
Home #		Mom's Cell#		Dad's cell#	
Please list any behavioral or medical condition we should be aware of:					
Emergency Contact Name:			Telephone #		Relationship to child:

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 ?

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)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.	Class Day & Time <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__ 10% Discount for 2 nd child 15% Discount for 3 rd child	Cost per class 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 ***\$35 membership fee due yearly Monthly pymt _____ Term pymt _____ Fee: \$ _____ Discount: \$ _____ Subtotal: _____ Member Fee: \$ _____ Total Due: \$ _____ Date Paid: _____ Cash _____ Cheque _____ Et _____ Credit _____
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Term 1 September 5th 2017 – January 30th 2018
 Term 2 Feb 1st – June 25th 2018
 Term 3 July 4th – August 26th 2018

Supernova reserves the right to cancel or combine classes due to low enrolment.

Credit Card #	Expiry:	Code:
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I authorize Supernova Gymnastics to automatically use my credit card for recurring monthly fee withdraw.

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 withdraw.

Reg Fee	Sept	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	August
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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 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.

I, the undersigned, do hereby grant or deny permission to Supernova Gymnastics 2014 Ltd. to use the image of my child. 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.

Signature of parent/leaal auardian

Date

