

# Minor Registration Form



Registration Package Selected:

Basic  \_\_\_\_\_

Plus  \_\_\_\_\_

Advantage  \_\_\_\_\_

Guardian's Last Name:

Guardian's First Name:

Child's Mailing Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Apt/Unit: \_\_\_\_\_ Postal Code: \_\_\_\_\_

And you are the:  Mother  Father  
 Grandparent  Guardian  
 Other \_\_\_\_\_

Main Phone No.:

Cell/ Emerg Phone No.:

Last Name of Payer:

E-mail:

How Did You Discover Victoria Gymnastics?  
 Island Parent  Web Search  Friend  
 Birthday Party  School  Social Media  
 Gift Certificate  Renewal  Sibling Attends  
 Other Gym Program: \_\_\_\_\_

***I have read and understood all of the registration policies in the current brochure. I unconditionally agree to comply with each policy:***  
**X**

## 1st. Child

1<sup>st</sup>. Child's First Name:

Gender: Male or Female (circle)

Child's Last Name:

Current Experience: Year(s)\_\_\_\_ Month(s)\_\_\_\_

Birth Date: Year\_\_\_\_ Month\_\_\_\_ Day\_\_\_\_

Current Date: Year\_\_\_\_ Month\_\_\_\_ Day\_\_\_\_

Medical Concerns?

Learning Challenges?

Class Type:  Parent & Tot  Kindergym  Recreation  Advanced Rec.  Performance  Excel  
 Adult Gym  Other: \_\_\_\_\_

Class Time(s): Fr.\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Class Day :  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Fr.\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Class Day :  Mon  Tue  Wed  Thu  Fri  Sat  Sun

## 2nd. Child

2<sup>nd</sup>. Child's First Name:

Gender: Male or Female (circle)

Child's Last Name:

Current Experience: Year(s)\_\_\_\_ Month(s)\_\_\_\_

Birth Date: Year\_\_\_\_ Month\_\_\_\_ Day\_\_\_\_

Current Date: Year\_\_\_\_ Month\_\_\_\_ Day\_\_\_\_

Medical Concerns?

Learning Challenges?

Class Type:  Parent & Tot  Kindergym  Recreation  Advanced Rec.  Performance  Excel  
 Adult Gym  Other: \_\_\_\_\_

Class Time(s): Fr.\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Class Day :  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Fr.\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_ Class Day :  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Turn over to sign waiver 

# ASSUMPTION AND ACKNOWLEDGMENT OF RISKS FOR MINORS

PLEASE READ CAREFULLY

RE: Use of Premises and Equipment of Victoria Gymnastics

TO: A.D. Ventures Ltd. operating as Victoria Gymnastics (referred to in this document as Victoria Gymnastics and its directors, officers, employees, representatives, officials, landlord and agents (collectively referred to in this document as the "Agents"))

I have read the guidelines and rules issued for the use of Victoria Gymnastics' premises and equipment, which I understand, and I agree to be bound by them. I further agree to acknowledge that:

1. The rules and guidelines governing the use of the premises and equipment are solely for that purpose, that is, for the use of gymnastics activities, and it remains my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participating in gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use.

## General Gym Rules

- Do gymnastics safely
- Ask your coach's permission before getting on equipment
- Ask your coach's permission before attempting new skills
- Be cautious and aware of your surroundings when moving in gym
- If you leave the class, tell your coach



Participant

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature of  
Parent /  
Guardian: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_

## OFFICE USE ONLY:

**Payment Method(s):**  Cheque  Credit Card  Debit  Cash  Credit Note

**Session:**  Fall/Winter/Spring  Summer Classes  Camp  Drop In

**Registration Process:**  Entered in CL  Fee's assessed  Paid in CL/Info Updated  Receipt Sent

**Administrator Signature:** \_\_\_\_\_