

# Twisters Gymnastics Club Registration Form

## FOR MINORS

Registration Date: D \_\_\_ M \_\_\_ Y \_\_\_

Athlete Name: First \_\_\_\_\_ Last \_\_\_\_\_

Phone: \_\_\_\_\_

M/F

Birth date: D \_\_\_ /M \_\_\_ /Y \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Care Card: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Session: \_\_\_\_\_

### Payment Type

Class \$ \_\_\_\_\_

GBC \$ \_\_\_\_\_

**TOTAL AMOUNT \$ \_\_\_\_\_**

**In case we cannot reach the parents please provide an alternate emergency Contact.**

**Emergency Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★  
★  
★ **NOTICE:** Gymnastics and ★  
★ trampoline activities, by their nature, ★  
★ involve certain elements of risk which ★  
★ involve potential for bodily injury. A ★  
★ portion of the registration fees paid to ★  
★ Gymnastics BC is allocated for the ★  
★ provision of accident insurance ★  
★ should accident occur. ★  
★  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

I acknowledge this element of risk and agree to permit my child to participate. Medical Concerns \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_