



Recreational Registration Form

Participate Information

First Name :	Last Name:
Age:	Birthdate dd/mm/year:
Home Address:	
City:	Postal Code:
Phone (Mom):	Phone (Dad):
Email Address (mandatory):	
Emergency Contact Name:	Phone:
Health Conditions? Yes / No If YES, please explain:	

PARTICIPANT RELEASE AND WAIVER

I have been advised and I understand that: (a) there is a risk of injury associated with participation in the instructional programs/activities at Woodbridge Gymnastics; (b) There will be no make-up classes for any reason (ie. illness, vacations, school/ family functions etc.) ; (c) NO REFUNDS will be given out after the SECOND class (Unless medical certificate is provided); and (d) Woodbridge Academy of Gymnastics reserves the right to cancel classes due to extreme weather conditions without a make-up class.
 I HAVE READ AND UNDERSTOOD THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE TO THE POLICIES AT WOODBRIDGE GYMNASTICS

Parent Signature: _____ **Date:** _____

* Please note there will be a \$25.00 charge for all NSF Cheques

Office Use Only

Class Information

Program: _____

Session	Day	Time	Total	Payment Type
Session I				
Session II				
Summer				