

Cobequid Spartans Gymnastics Centre Recreational Registration Form

Term 1 _____ 2 _____
 Last Cangym badge color _____
 Completed Yes _____ No _____

Child's Name: _____ Age: _____

Birthdate: (Month/Day/Year) _____ Male: _____ Female: _____

Parent/guardian Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Mother (w): _____

Father (w): _____

Email: _____

Desired Class:

_____ Kinder Gym(18 m - 3yrs.) _____ Preschool (3 - 5 yrs.) _____ Adv rec
 _____ Recreational (School age) _____ Intermediate
 _____ Trampoline (8 & up) _____ Other _____

Class Day: _____

Class time: _____

Health Card # : _____

Expiry Date: _____

Family Doctor: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Is there any medical conditions that may affect the safety or performance of your child? If so, explain.

I _____ authorize a certified Cobequid Spartans instructor to administer medical or hospital attention for my child _____ if I cannot be reached
 Parent/ guardian signature _____ Date: _____

Would you be interested in volunteering for fund raising or other volunteer jobs? If so, please list on back _____

I _____ do/do not give permission for my son/daughter to be photographed / video taped for publicity/ advertising purposes.

Re: PIPEDA

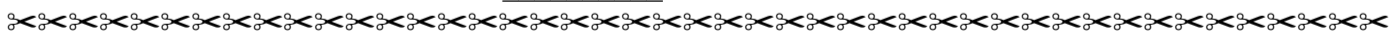
Cobequid Spartans Gymnastic Centre gives specific personal information to Gymnastics Nova Scotia only for registration purposes. Cobequid Spartans Gymnastic Centre does not sell/divulge personal information to any other source other than that required for a medical emergency with parent's or guardian's consent.

I have read and agree to the above CGSC Privacy Policy Statement

There is a \$25.00 (\$60.00 for competitive stream) annual insurance fee due at time of registration. This fee will be paid to Gymnastics Nova Scotia (GNS) { renewed each September 1st. }

Office use:

TICKETS	\$30.00	Ticket #s	_____
Total class fee	\$ _____	Method of payment	_____
GNS FEE \$25.00 rec athlete	\$25.00	Cheque #	_____
Additional Parent GNS(\$10.00)	\$ _____	Balance Due	_____
Maintenance fee per athlete	\$15.00	Rec'd in office	_____ Date _____
Total Due	\$ _____		



TERM #2 Jan 31st - June 4th, 2011

Athlete Name: _____ AGE: _____

Class Type:

_____ Kinder Gym _____ Preschool / Tumble Bug (3 - 5 yrs.)
 _____ Recreational (School age) _____ Intermediate
 _____ Trampoline (8 & up) _____ Other _____

Bade color for term #2: _____

Class Day: _____

Class time: _____

TICKETS \$30.00
 Total class fee term #2 \$ _____

Ticket #'s _____
 Method of payment Cash _____ Debit _____
 Cheque # _____ MCard _____ Visa _____

Additional Parent GNS (\$10.00) \$ _____
 Maintenance fee per athlete \$15.00
 Total Due \$ _____

Rec'd in office _____ Date _____
 Notes _____