



REGISTRATION FORM

SUMMER DAY PROGRAMS

Phone: 905-476-1331

2-443 The Queensway South Keswick ON L4P 3J4

Website: www.fwgyim.ca

Email: info@fwgyim.ca

Participant Information:

| | | |
|-------------------|---------------|----------------|
| Participant Name: | M/F | Date of Birth: |
| Address: | Phone Number: | |
| email: | | |

Medical Information:

1. Does the participant have any physical or mental health concerns? Yes/ No If yes, please explain: _____

2. Does the participant require the regular use of any medications or medical appliances/devices? Yes/ No If yes, please explain: _____

3. Does the participant have allergies to any medications or food? Yes/ No If yes, please explain: _____

Parent/Guardian Daytime Contact Information:

Mother's Name: _____ Cell#: _____ Work#: _____

Father's Name: _____ Cell#: _____ Work#: _____

Emergency Contact (Other than parents) Name: _____ Phone #: _____

| | | Cost | SUMMER 2018 DAY PROGRAMS | | | | |
|--------------------------|-------------|------|--|--|--|--|--|
| Week: | Daily Rate: | \$45 | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1: July 3 to 6 (4 days) | \$198 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2: July 9 to 13 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3: July 16 to 20 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4: July 23 to 27 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5: July 30 to Aug 3 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6: Aug 7 to 10 (4 days) | \$198 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7: August 13 to 17 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8: August 20 to 24 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9: Aug 27 to Aug 31 | \$250 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended Care (specify): | \$10/hr | | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |

Office Use:

Weekly:
 * Multiple weeks 5% Discount for additional weeks: Save: \$ _____
 * 10% Sibling Discount on second/third sibling: Save: \$ _____

Daily:
 Combined "per day" total: \$52 X _____ (#days) = _____
 Combine Half day total: \$35 X _____ (#days) = _____
 * 10% Sibling Discount on second/third sibling: Save: \$ _____

*G.O. 2018-2019 Membership Fee \$35.00

| | |
|----------------------|-------|
| Fee: | |
| *G.O. 2018-2019 Fee: | 35.00 |
| Sub Total: | |
| HST: | |
| Total: | |

POLICIES AND WAIVER

| | |
|--|--|
| <p>GYM POLICIES:</p> <ul style="list-style-type: none"> Space is limited in each class. Registrations are accepted on a first-come first-serve basis. Registrants must be the correct age for the selected class within 30 days of the start date of the session. Required attire: Girls – one-piece body suit (no skirt) & hair tied back; Boys – gym shorts and t-shirt Boys and Girls: Clean hands and feet. Gymnastics equipment may not be used unless under coach supervision. (Only students and staff may enter the gym. Parents may not enter the gym) Water in bottles only is permitted in the specified area in the gym. We operate a “peanut/nut free environment.” Please do not bring any food products containing peanuts/nuts into the facility. Alcohol, drugs, cigarettes, and vapes are not permitted on the premises. No gum in the gym. | <ul style="list-style-type: none"> Registrations are not considered confirmed unless full payment is received. Refunds for the unused classes in a session are available upon request until the start of the 3rd class only. Refunds are subject to a \$25 administrative fee. (GO fee cannot be credited or refunded). After the start of the 3rd class, only credit notes will be issued with a 1-year expiry date. Refunds and credits are calculated effective the date the office is notified. \$30 NSF cheque fees shall be the responsibility of the client. Unpaid accounts are subject to \$5.00 fee per month. Absence does not constitute withdrawal. Make-up classes are not offered. |
|--|--|

CONSENT OF PARENT OR GUARDIAN AND RELEASE OF LIABILITY

I am the parent or legal guardian of _____ (name of child).
 I acknowledge that Flip ‘n’ Wicked Gymnastics is operating out of Flip ‘n’ Wicked Gymnastics, 443 the Queensway South, Unit 2, in the town of Keswick, Province of Ontario for the purpose of gymnastics and trampoline activities.
 I agree to my child participating in the gymnastics and/ or trampoline activities being carried out under the supervision of the Flip ‘n’ Wicked Gymnastics in the aforementioned facility.
 I understand and confirm that the Flip ‘n’ Wicked Gymnastics shall have no responsibility or liability should any loss or injury be suffered by my son or daughter while participating in such gymnastics and/or trampoline activities, to be carried out under the supervision of Flip ‘n’ Wicked Gymnastics staff.
 In return for the Flip ‘n’ Wicked Gymnastics permitting the use of the facility during the season specified on the registration form or date specified on the birthday party invitation, which license also includes permitting members of the Flip ‘n’ Wicked Gymnastics (of which my son or daughter is a member or invited guest) to use the facility, I HEREBY FOREVER RELEASE AND DISCHARGE the Flip ‘n’ Wicked Gymnastics, including their respective board members, officers, employees, agents, and successors from and against all manner of claims, demands, actions suits, legal proceedings or damages which I or my child, or both, may have any loss or injury which may arise out of which is in any way related to my child’s participating in the gymnastics or trampoline activities referred above.

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

MEDIA WAIVER (Optional)

Flip ‘n’ Wicked Gymnastics has my permission to use my child’s photograph, video and audio recordings, likeness, artwork, profile and/or story on their web pages and other promotional materials produced, used by and representing Flip ‘n’ Wicked Gymnastics. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Date

Signature of Parent or Guardian (if under 18)

Child’s Name

Flip ‘n’ Wicked Gymnastics is trying to become as paperless as possible. All of our communications will be primarily through email. For cancelled classes, class times change, competitions, pictures, display and other important information that we may have to send to you. We will also be updating our website with this information as it occurs. This information will not be shared with outside sources.

