



REGISTRATION FORM CAMP - Summer 2008

Pulsars Gymnastics Club 1206 Ringwell Drive, Newmarket Ontario
Phone: (905) 836-2209 Fax: (416)850-9633
www.pulsarsgymnastics.com

Programs	
<input type="checkbox"/> Week 1 - Jul 2 to Jul 4*	<i>Canada Week</i>
<input type="checkbox"/> Week 2 - Jul 7 to Jul 11	<i>Science & Exploration</i>
<input type="checkbox"/> Week 3 - Jul 14 to 18	<i>Christmas in July</i>
<input type="checkbox"/> Week 4 - Jul 21 to Jul 25	<i>Animals - Crazy Critters</i>
<input type="checkbox"/> Week 5 - Jul 28 to Aug 1	<i>Magic Week</i>
<input type="checkbox"/> Week 6 - Aug 5 to Aug 8*	<i>Music Week</i>
<input type="checkbox"/> Week 7 - Aug 11 to Aug 15	<i>Drama - Centre Stage</i>
<input type="checkbox"/> Week 8 - Aug 18 to Aug 22	<i>Summer Olympics</i>
*Short weeks	

Fees:	
½ Daily <input type="checkbox"/> am <input type="checkbox"/> pm (# of days) X \$ 26.50 =	
Daily (# of days) X \$ 42.50 =	
Weekly (# of weeks) X \$ 196.00 =	
Discount *	=
Total	=
Invoice # :	
Method of Payment :	
*5% Discount on multiple weeks	
* 10% Sibling Discount on full week	

Athlete's name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Gender: (circle **Male Female**)

Email: _____

Birth Date: _____

Age: _____

Father's Name: _____

Phone (Bus): _____

Cell: _____

Mother's Name: _____

Phone(Bus): _____

Cell: _____

Doctor's Name: _____

Doctor's Phone: _____

Medical Concerns: _____

Gymnastics Ontario # (if applicable): _____

Although every effort will be made to provide a safe and enjoyable gymnastic program, it must be recognized that there are inherent risks involved. If you have any doubt as to your child's suitability for participating, please consult your doctor: Refund will not be given. A credit will be applied to another session for medical reasons only. Recreational classes missed may be made up within the current session in case of illness only. A charge of \$30.00 will be levied on NSF cheques.

I, _____ (please print), consent to the Pulsars Gymnastics Club collecting personal information about my son/daughter, including name, address, date of birth, gender, language preference, telephone numbers, Doctor's name, e-mail address. I consent to the club for maintaining a file of my son/daughter's personal information and updating the personal information as required. Pulsar Gymnastics Club reserves the right to use video and/or photographs of members for promotional purposes.

RELEASE:

I, the undersigned, hereby agree to indemnify and save harmless Pulsars Gymnastics Club of Newmarket, their/its officers, instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, actions, suits or proceedings arising out of participation of myself/my child, named above, in any gymnastic activity.

Date: _____

Signature of participant, parent, or legal guardian if under 18 years of age