

Registration Form

The Tumble Tot Co. & Tornos Gymnastics

1-1166 Gorham Street, Newmarket, ON L3Y 8W4

Phone: (905) 836-6401

Web: www.tumbletot.com

SESSION		
<input type="checkbox"/> 1 (Fall)	<input type="checkbox"/> 2 (Spring)	<input type="checkbox"/> 3 (Summer)
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed
<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
TIME:		
CLOSED ON STATUTORY HOLIDAYS		

PROGRAM		
<input type="checkbox"/> Twinkle Tots	<input type="checkbox"/> Hi Flyers I	<input type="checkbox"/> Elite Petite
<input type="checkbox"/> Adv. Twinkle Tots	<input type="checkbox"/> Hi Flyers II	<input type="checkbox"/> Gyminee Cricket
<input type="checkbox"/> Tumblebugs	<input type="checkbox"/> Hi Flyers III	<input type="checkbox"/> Tumbling
<input type="checkbox"/> Grasshoppers	<input type="checkbox"/> Tiny Stars Girls	<input type="checkbox"/> Camp
<input type="checkbox"/> Tumbling	<input type="checkbox"/> Tiny Stars Boys	<input type="checkbox"/> Homeschooling

<p>CHILD INFORMATION</p> <p>Surname: _____ Male: ___ Female: ___</p> <p>Given Name: _____ Birthdate: _____ (D/M/Y) Age: _____</p> <p>Home Address: _____</p> <p>City/Town: _____ Province: _____ Postal Code: _____</p> <p>Does your child have allergies, medical concerns, special needs or food restrictions that we should be aware of? Yes No If yes, please specify _____</p>
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<p>FIRST PARENT/GUARDIAN INFORMATION</p> <p>Surname: _____ Given Name: _____</p> <p>Home Address: _____</p> <p>City/Town: _____ Province: _____ Postal Code: _____</p> <p>Home Phone Number: _____ Business Phone: _____ Ext: _____</p> <p>Cell Phone: _____ Email: _____</p>
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<p>SECOND PARENT/GUARDIAN INFORMATION</p> <p>Surname: _____ Given Name: _____</p> <p>Home Address: _____</p> <p>City/Town: _____ Province: _____ Postal Code: _____</p> <p>Home Phone Number: _____ Business Phone: _____ Ext: _____</p> <p>Cell Phone: _____ Email: _____</p>



CUSTODY INFORMATION

If your child is involved in a custody arrangement, please fill in the information below:

Are there any special arrangements pertaining to access/visitation? Yes No

If "yes" what are the arrangements? _____

Copy of Custody Order Provided: Yes

EMERGENCY CONTACT

Surname: _____ Given Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

HOW DID YOU HEAR ABOUT OUR PROGRAMS? (Please specify)

- Website Era Banner Yellow Pages Facebook Month Ahead Friend Other

Although every effort will be made to provide a safe and enjoyable gymnastics program, it must be recognized that there are inherent risks involved. If you have any doubt to your child's suitability for participating, please consult your doctor. Refunds will not be given. We do not offer make up classes. In case of extended inability to attend (3 or more classes) please see administration office for consideration. In addition, a \$30.00 administration fee will be charged. A charge of \$50.00 will be levied on all NSF cheques. The Tumble Tot Co. reserves the right to use video and/or photographs of members for promotional purposes.

WE ARE CLOSED ON ALL STATUTORY HOLIDAYS

RELEASE: I, the undersigned, hereby agree to indemnify and save harmless The Tumble Tot Co. and Tornados Gymnastics of Newmarket, their 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

Printed name of participant parent or legal guardian if under 18 years of age

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

FOR OFFICE USE ONLY	SESSION I	SESSION II	SESSION III
DATE			
PAYMENT BY (CHQ or CASH)			
AMOUNT			
HST			
REGISTRATION FEE (\$40.00)			
TOTAL PAID			