



**Marble
Gymnastics
Academy**

**Marble Gymnastics Academy
Registration Form**

Last Name: _____ First Name: _____ Male/Female _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone #: _____ Emergency Phone#: _____
 Parent Name#1: _____ Parent Name#2: _____
 #1 Cell/Work Phone: _____ #2 Cell/Work Phone: _____
 Age (current): _____ Birth date (dd/mm/yyyy) _____ BC Med #: _____
 E-Mail Address: _____ Family Doctor Phone #: _____ Doctor's Name _____
 Medical Information (allergies, special needs, injuries, etc...): _____

Please register for the following class

Recreation Program

- Parent & Tot
- Development Gym
- Junior Achievement Gym
- Advance Achievement Gym
- Boys Gymnastics Development Program
- Girls Gymnastics Development Program
- Trampoline & Tumbling
- Girls Interclub Program
- Boys' Competitive Program

Fees (Office Use Only)

Fees Per Month _____

 Membership Fees per Year _____
 Subtotal _____
 HST _____
HST #: 806643094RT0001
 Total _____

Monthly Payment Method

Credit Card Authorization

Permission is hereby given to debit the credit card account below for

the amount \$ _____ due on the first of each calendar month.

from _____ to _____

- Visa
- MC

Credit Card #: _____

Expiry Date: _____

Post-Dated Cheques \$ _____ /month

From: _____ to _____ Cheques # _____
(dd/mm/yyyy) (dd/mm/yyyy)

Photo Release Permission

_____ I will allow photos taken of my child at Marble Gymnastics Academy events to be used in future promoting of the program.

Notes:

PERMISSION FORM (parent/ guardian, please read and sign)

I hereby authorize my child's participation in this program. I know of no mental or physical problems which may affect my child's ability to participate safely in this program. I am aware that gymnastics and trampoline activities, by their nature, involve certain elements of risk which involve a potential for bodily injury. A portion of the membership fee is allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit my child to participate.

Signature of parent/ guardian _____ Date _____