

Goderich Gymnastics Inc.
Adult Registration Form

Participant Information:

Last Name:	First Name:
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Birth Date: Year Month Day	Age: Male Female
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Address:	Phone: (H)	(C)	
	Town/City:		Postal Code:

Name of Emergency Contact:	Telephone #:
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Allergies/ Health Information:

How did you hear about us?	Will you allow us to use photographs on website?
	Yes No

Email address: **There will be correspondence via email so please provide one that will be checked regularly**

Program Information: **Please circle your first choice. Classes will be created on a first come first serve basis once registration and payment have been received**
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	Monday	Tuesday	Wednesday	Thursday	Saturday
DROP IN Aerial Silk Classes	7:45-8:45pm	10:00-11:00am <i>*with childcare*</i>	7:45-8:45pm		

****Consent of Participation Waiver must be completed and signed****

I have read and understand Goderich Gymnastic Inc. <u>registration policies</u> :	
Signature:	Date: