

FALCON GYMNASTICS REGISTRATION FORM

2018—2019

208-721 Vanalman Ave
Victoria, BC, V8Z 3B6
250-479-6424

info@falcongymnastics.com
www.falcongymnastics.com

Program name: _____ Class Time & Day: _____

Name of child (1) _____ Age: ___ Birthdate _____ M ___ F ___

Name of child (2) _____ Age: ___ Birthdate _____ M ___ F ___

Address _____ Postal _____

Parent(s)/Guardian(s) Information:

Names: _____

Primary # _____ Work# _____ Secondary# _____

Email address _____

Emergency contact

Name _____ Phone# _____

Relation to child _____

Family doctor _____ Phone # _____

BC Care Card # _____

Medical conditions (Asthma, diabetes etc) or Allergies (food, meds, bees etc)

REFUND POLICY: *After payment is completed— only 50% refunds will be given if the registrar is notified before the third class. No refunds after the third class unless a medical note is provided. (fees will be prorated from the date the note is received)*

Parent Name _____ Parents Signature _____ Date _____

RELEASE

I hereby make application for membership in Falcon Gymnastics Center for my child. I agree to obey the policies and Rules of Falcon Gymnastic Center. Upon Acceptance of this application and payment of the registration fee in full, he/she shall become a fully registered member of this club.

Parent Name _____ Parents Signature _____ Date _____

For Office use only:

Payment method: cash / cheque / visa / mastercard / debit _____

Insurance fee _____

Term 1 Sept ___ Oct ___ Nov ___ Dec ___ Jan ___

Term 2 Feb ___ Mar ___ Apr ___ May ___ June ___