

# FALCON GYMNASTICS REGISTRATION FORM

## 2020—2021

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 (or pro-rated full credit on account) will be given if the registrar is notified before the third class. No refunds or credits 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 \_\_\_