

**SMITHS FALLS GYMNASTICS CLUB**

**2 Gould St., Smiths Falls**

**283-9343**

**REGISTRATION FORM**

**Program**\_\_\_\_\_

**Date**\_\_\_\_\_

**Name**\_\_\_\_\_

**Date of Birth:**\_\_\_\_\_

**D \ M \ Y**

**Address**\_\_\_\_\_

**Phone:**\_\_\_\_\_

\_\_\_\_\_

**Gymnastics Ontario #**

\_\_\_\_\_

\_\_\_\_\_

**Medical Conditions \ Limitations \ Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\*\*I understand that there is a potential risk for injury involved in training and participating in any sport. Both Gymnastics Ontario and the S.F. Gym Stars have tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gymnastic area that MUST be followed.

\_\_\_\_\_

Pd. Cash \ Check

\_\_\_\_\_

Parent Signature

2009 – 2010 GO Registration Fee paid on \_\_\_\_\_

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**SMITHS FALLS GYMNASTICS CLUB**

**Received from**\_\_\_\_\_ **For**\_\_\_\_\_

**Session**\_\_\_\_\_ **\$**\_\_\_\_\_ **check**\_\_\_\_ **cash**\_\_\_\_\_

**By**\_\_\_\_\_ **Date**\_\_\_\_\_