



Island Gymnastics Academy Registration Form
40 Enman Crescent Charlottetown C1E 1E6 ♦ Phone/Fax: (902) 566-3935 ♦
islandgymnasticsacademy@gmail.com

(Please note – Only one surname per form)

Name of Gymnast #1:		<input type="checkbox"/> Female <input type="checkbox"/> Male	Age:		DOB: (dd/mm/yy)	
Name of Gymnast #2:		<input type="checkbox"/> Female <input type="checkbox"/> Male	Age:		DOB: (dd/mm/yy)	
Name of Parent(s):				Email:		
Address:			City:		Postal Code:	
Phone Number(s):	1		Emergency Contact: if different form other numbers		Phone Number(s):	
	2					
	3					
For the safety of the participants, are there any injuries, accident, allergies or physical or mental conditions we should be aware of:						
<input type="checkbox"/> Yes <input type="checkbox"/> No		Please specify:				
Medical Treatment Authorization: <i>In the event of illness or injury to the above-named gymnasts, I do hereby authorize the Island Gymnastics Academy or its agent to arrange for proper medical treatment, including, if necessary, hospital care and consent to the administration of anesthetics and to the performance of any operation upon the above-named gymnasts if deemed necessary upon the advice of competent medical personnel. It is understood the Island Gymnastics Academy or its agent will use this authority only after having attempted and failed to contact me or other listed above.</i>						
Parent/Guardian Participation Waiver: <i>There is a risk of injury involved in training and participating in any sport. Both Island Gymnastics Academy and Gymnastics PEI have tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gym area that must be followed.</i>						
Parent/Guardian Signature:				Date:		

Please note:

1. Fee payments accepted in CASH or CHEQUE only, cheques should be payable to Island Gymnastics Academy.
2. Registrations will be confirmed ONLY with FULL PAYMENT.
3. \$15 banking charge on all returned cheques.
4. NO refunds after Week 2. \$20 cancellation fee per person will apply plus registration insurance is not refundable.
5. CREDITS are based on individual circumstances by the Program Director.

Program Selection

Gymnast's Name	First Choice	Second Choice	Notes	
#1				
#2				

For Office Use Only:

<p style="text-align: center;">Fall Session Fees</p> <input type="checkbox"/> Membership Fee <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Initial _____	<p style="text-align: center;">Winter Session Fees</p> <input type="checkbox"/> Membership Fee <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Initial _____	<p style="text-align: center;">Spring Session Fees</p> <input type="checkbox"/> Membership Fee <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Initial _____
Payment Info & Notes	Payment Info & Notes	Payment Info & Notes