



RECREATIONAL REGISTRATION FORM 2008-2009

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LAST NAME: _____ CHILD NAME: _____ M / F D.O.B. ___/___/___
Mm/dd/year

A.H.C.: _____ MEDICAL CONDITIONS: _____

ADDRESS: _____ CITY: _____ POSTAL CODE _____

PHONE: _____ CELL: _____ EMAIL: _____

PARENT _____ PLACE OF EMPLOYMENT: _____ PHONE: _____

AND/OR _____

GUARDIAN _____ PLACE OF EMPLOYMENT: _____ PHONE: _____

SIBLINGS 1. _____ 2. _____ 3. _____ 4. _____

EMERGENCY CONTACT: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US?

PLEASE READ AND

INITIAL

I PERMIT THE SPRUCE GROVE AERIALS TO PHOTOGRAPH AND/OR VIDOETAPE MY CHILD AND TO USE THE PHOTOS/VIDEOS FOR ADVERTISING.

YES _____ NO _____

OFFICE USE ONLY SESSION 1	OFFICE USE ONLY SESSION 2	OFFICE USE ONLY SESSION 3
CLASS	CLASS	CLASS
DAY/TIME	DAY/TIME	DAY/TIME
AGF	AGF	AGF
FEES	FEES	FEES
TOTAL	TOTAL	TOTAL
PAYMENT	PAYMENT	PAYMENT
FUNDRAISING 75.00 – DEPOSIT	FUNDRAISING 75.00 –DEPOSIT	FUNDRAISING 75.00 –DEPOSIT

PLEASE NOTE: WHETHER REGISTERING SESSION BY SESSION OR FOR FULL YEAR 1 FUNDRAISER IS REQUIRED PER SESSION (\$75 CREDIT CARD OR CASH DEPOSIT PER FUNDRAISER REQUIRED AT TIME OF REGISTRATION) **FUNDRAISING IS PER FAMILY NOT PER CHILD**

**WE ACCEPT CASH, DEBIT, VISA, MASTERCARD AND EFT-MONTHLY
 WE DO NOT ACCEPT PERSONAL CHEQUES**

Gymnastics activities by their nature involve certain elements of risk, which involve a potential for bodily injury. A portion of the registration fees paid to the Alberta Gymnastics Federation is allocated for the provision of accident insurance should such an injury occur. I acknowledge this element of risk and agree to permit my child to participate. Also, I have received the info package and will review it.

PARENT/GUARDIAN SIGNATURE _____