

# Tumblers Gymnastics Club

## Recreational Registration Form

\* indicates required field

Last Name * MORRIS		First Name * MICHAEL		<input type="checkbox"/> Male      M <input type="checkbox"/> Female	
Street Address * 19 LE ROYER WEST      204			Date of Birth (yyyy-mm-dd) 1950-12-25		<input type="checkbox"/> Renewal <input type="checkbox"/> New Member
City * MONTREAL	Postall Code * H2Y 1W4	Phone * (514)398-0766		Email mmorris@integratedsports.ne	
BC Medical Number * MORM65090128	Medical Concerns	Name of Doctor ANNE-MARIE DOLLOIS		Doctor's Phone (514)333-4444	
Emergency Contact Name ( <i>other than parent</i> ) * YIHUA LI		Emergency Contact Home Phone * (514)111-2222		* Emergency Contact Work/Cell Phone *	

Release Clause: I hereby authorize my child's participation in this program. I know of no mental or physical problems, which may affect my child's ability to participate safely in this program. I am aware that gymnastics and trampoline activities by their nature, involve a certain element of risk, which involve potential for bodily injury. A portion of the registration fee paid to Gymnastics BC is allocated for the provision of accident insurance should injury occur.

I acknowledge this element of risk and agree to permit my child to participate.

Parent/Guardian Signature ( <i>for child under 18</i> ) *		Date *
<b>Print:</b> Name of Parent * BRUCE MORRIS	Home Phone * (514)697-4758	Work/Cell Phone (514)398-0766

OFFICE USE

<b>Class:</b>  DI WW CC TT WE BB SS GDY BDY GST BST CTF CTA	<b>Time:</b> _____am   pm  <b>Day:</b> M Tu W Th F St	<b>Payment AMount:</b> \$ _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Interac <input type="checkbox"/> Cheque(s)# _____ <input type="checkbox"/> Cash
<b>Name as on Card:</b> (include any initials or titles)	<b>Card Number:</b>	<b>Expiry:</b> _____ /20 _____