



SPARTAN GYMNASTICS



25 CONNELL COURT, UNIT 2

www. spartangymnastics.com

416 837 0342

Athlete Name:

(1)

(2)

Birthdate:

(1)

(2)

Address:

I give Spartan Gymnastics permission to send solicited messages by email X

Home Phone:

Email:

Parents Names:

Cell #

Cell (2)#

Medical Information:

Class Name/
Day(s) Times(s):

I, _____ (Parent/ Guardian Name) have read, agreed to, and signed the Spartan Gymnastics & Spartan District consent form.

Date: _____

Parent/ Guardian Signature: _____

Office use:

FALL:	WINTER:	SPRING:	SUMMER: