

# Spartan Gymnastics

35 Jutland Road

416 837 0342

## Registration Form:

Athlete Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Work phone#: \_\_\_\_\_

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

Medical Information: \_\_\_\_\_

## Consent:

I am giving permission to my child \_\_\_\_\_ to participate in gymnastics classes and related activities offered by Spartan Gymnastics. I acknowledge that there is a risk of injury associated with this sport for which I am registering my child or myself. I hereby accept all the risks and release Spartan Gymnastics from all claims of any kind that may arise.

The above information is collected for the sole use of Spartan Gymnastics and will not be distributed in any way to other parties without prior written consent of the athlete's parent or guardian.

Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_