



*Grace. Flexibility. Strength. Balance. Beauty.*

## REGISTRATION FORM 2018 - 2019

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (D,M,Y)

Age: \_\_\_\_\_

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

Number/street apt. City postal code

Home Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

<b>TRAINING LEVEL :</b>	Pre-Comp	<input type="checkbox"/>	Interclub	<input type="checkbox"/>	Provincial	<input type="checkbox"/>	National	<input type="checkbox"/>
<b>TRAINING DAYS :</b>	Mon.	<input type="checkbox"/>	Tues.	<input type="checkbox"/>	Wed.	<input type="checkbox"/>	Thurs.	<input type="checkbox"/>
	Fri.	<input type="checkbox"/>	Sat.	<input type="checkbox"/>	Sun.	<input type="checkbox"/>		

**PAYMENTS ARE ATTACHED AS FOLLOW:**

POST DATED CHEQUES:	Due September 15, 2018, dated 1 <sup>st</sup> day of each month
ANNUAL MEMBERSHIP FEE (50):	Due September 15, 2018
ANNUAL CLUB FEE(\$ 250)	Due September 15, 2018

GYMNASTICS ONTARIO ANNUAL REGISTRATION FEE: Due September 15, 2018  
 (PRE-COMPETITIVE: \$80, INTERCLUB: \$140, PROVINCIAL:\$274, NATIONAL: \$387)

**Make your cheque payable to "VIVA R.G.C."**

By submitting and signing this form, I acknowledge the potential risks associated with rhythmic gymnastics and warrant that the participant named on this sheet is physically eligible to participate in the sport. I declare that I have stated all necessary information regarding physical, mental or medical conditions affecting the participant. I understand that Viva RGC strives towards being environmentally safe for all participating members and has established a set of rules which are to be followed for the individual's best interest. I authorize Viva RGC officials to act on my behalf in case of an emergency and waive the rights of the participant to damages or other costs in the event of injury.

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

*Parent / Guardian, Gymnast if over 18*