

PROGRAM ID:

Session: Fall Winter Spring Break Spring Summer Camp

Donation: \$25 \$50 \$100 Other _____

Athlete Information **ALL FIELDS REQUIRED!**

First time registration for athlete since July 1, 2009?

Yes No

First Name:

Last Name:

Phone: (xxx) xxx-xxxx

E-Mail:

Street Address:

City:

Postal Code:

Highest Badge Earned:

Birthdate: month/dd/yyyy

Age / Sex:

Alberta Health Care No.:

Medical Conditions:

Parent(s) or Guardian(s)

Parent Name:

Parent Name:

Cell #:

Cell #:

Place of Employment:

Place of Employment:

Business #:

Business #:

Emergency Contact (other than parents)

Name:

Phone #:

Family Doctor (in case of emergency)

First Name:

Last Name:

Phone #:

Clinic:

Parent's Declaration & Consent

I the undersigned, being the parent or guardian of the Child being registered certify that the given information is true.

And I do hereby grant permission for the said child to participate in gymnastics activities under the general supervision of Red Deer Gymnastics Association (operating as Exelta Gymnastics Club) and its directors, officers or instructors. In case of accident to said child I hereby release Exelta Gymnastics, its directors, officers or instructors from any responsibility of loss or damages resulting there from. I also agree to the use of the athlete's name, photo, video or other media in club related public relations.

Date: _____

Parent/Guardian Signature _____

For Office Use Only:

Database Entry:

Receipt: