



ISLAND RHYTHMIC GYMNASTICS CLUB

REGISTRATION FORM : FALL 2018, WINTER AND SPRING 2019

All information provided is kept confidential

NAME OF THE GYMNAST: _____

Date of birth (yy/mm/dd) _____

Medical # _____

The program chosen is:

PRE- SCHOOL Monday

RECREATIONAL Tuesday

RECREATIONAL Wednesday

RECREATIONAL Friday

PERFORMANCE beginners/ intermediate

2 DAYS X 2 hours Tuesday- Friday

2 DAYS X 3 hours Tuesday- Friday

3 DAYS X 3 hours Monday- Tuesday- Friday

4 DAYS X 3 hours Monday- Tuesday-Wednesday- Friday

PERFORMANCE advanced

2 DAYS X 2 hours Monday- Wednesday

2 DAYS X 3 hours Monday- Wednesday

3 DAYS X 3 hours Monday- Wednesday- Friday

4 DAYS X 3 hours Monday- Tuesday- Wednesday- Friday

I heard about **Island Rhythmic Gymnastics** through

A friend _____ Island Parent _____ Online search _____ Facebook _____ Chatterblock _____ Childplay 101 _____

Other (specify) _____

CONTACT

Name of the parent/ guardian _____

Address _____

Home phone number _____ Work phone number _____ Cell phone number _____

E-mail _____

Emergency contact _____ Phone number _____

Pick up (person authorized to pick up your child other than yourself)

Name _____ Phone _____

ALLERGIES/ MEDICAL CONCERNS

Does your child have any medical conditions that we should know about? If yes, please list below.

EMERGENCIES

I hereby authorize the staff of Island Rhythmic Gymnastics Club to obtain the aid of a registered medical practitioner or ambulance services to initiate treatment for my child _____ in the event of her illness or accident should attempt to contact the parents/ guardians fail.

Signature of the parent

Date and place

Waiver Form

In consideration of your acceptance of my child's registration, I state that I will not hold responsible Island Rhythmic Gymnastic Club or any of its Executive or coaches, for any personal injuries or property loss or damages suffered by my child while involved with IRGC activities.

NAME of the gymnast _____

Parent/ guardian name

Parent/ guardian signature

Gymnast name (if over 18 years of age)

Gymnast signature (if over 18 years of age)

Date

PHOTOGRAPHS AND VIDEOS

I authorize Island Rhythmic Gymnastics Club to take photos or videos of my child for promotional or educational purposes.

Yes _____ No _____

NAME of the gymnast _____

Parent/ guardian name

Parent/ guardian signature

Gymnast name (if over 18 years of age)

Gymnast signature (if over 18 years of age)

Date

**Please mail completed form and payment to
Island Rhythmic Gymnastics Club
2288 Covington Place, Victoria, BC, V8N 5N6
C/O Danielle Frattaroli**

Payment can also be given to the coach on the first day of the session