



RECREATIONAL REGISTRATION

[] ANNUAL [] FALL [] WINTER [] SPRING

Athlete Information:

Last Name: _____ First Name: _____

Birth Date: Y/ _____ M/ _____ D/ _____ Age : _____ Male [] Female []

Address: _____

City: _____ Province: _____ Postal Code: _____

Mother/Guardian's Name: _____ Home Phone: _____ Cell/Work Phone: _____

Father/Guardian's Name: _____ Home Phone: _____ Cell/Work Phone: _____

Registration Information:

Program: _____ Day & Time (1st choice): _____ (2nd choice): _____

Special Requests: _____

Program Fee: \$ _____ + \$30 GO and Registration Fee from July 1 – June 30 Total \$ _____

Credit Card # _____ Expiry date _____

Where Did You Hear About Us? (check all that apply):

Parks and Rec Guide Internet Community Paper Friend

Other (please specify) _____

Registration Policies Please read prior to signing registration form

- Registrations are confirmed on a first come first serve basis
- Payment: Cash, cheques, interact, Visa and MasterCard.
- The annual G.O insurance & registration fee of \$30.00 is non-refundable
- A \$45.00 administration fee for NSF cheques
- **Refunds are given only, one week prior to the start of the program and will incur a \$30.00 charge per registration.**
- Classes and times are subject to cancellation or rescheduling at the club's discretion.
- We do not provide make up classes
- We agree to receive informative emails promoting Burlington BGs. All information collected is for registration purposes only.

ALL PROGRAMS QUALIFY FOR THE ONTARIO FITNESS TAX CREDIT.

NOTICE OF WARNING: There is a potential risk involved in training and participating in any sport. The Burlington B.G.'s Inc. has tried to create a safe and controlled environment for participating and along with the Ontario Gymnastic Federation has established rules for participating and conduct that must be followed. The club has the right to remove any participant for non-compliance.

Parent / Guardian Signature (if athlete under 18 yrs.): X _____ Date: _____

OFFICE USE ONLY

Receipt No. _____ Date: _____ Office Initial: _____