

**A1 Gymnastics Incorporated
(Victory Gymnastics Centre)
Registration Form
(please complete in full)**

Athlete's Last Name: _____ Athlete's First Name: _____

Program: _____ Class Time: _____

Age: _____ D.O.B (mm/dd/yy) ____/____/____

(Please Note: Program and Class time is subject to availability)

Street Address:	City:
Postal Code:	Home Phone:
Parent 1:	Work Ph: Cell:
Parent 2:	Work Ph: Cell:
Email Parent 1:	Email Parent 2:
Health card #	Expiry Date:
Emergency Contact:	Phone:
Family Doctor:	Phone:

Please list any medical conditions:

Waiver: As with any sport there is potential risk and injury can occur. At A1 Gymnastics Inc., we strive to create a safe and controlled environment.

The undersigned hereby agrees to hold A1 Gymnastics Inc. in culpable of any injuries that occur as a result of use of our equipment or otherwise. I authorized a certified instructor to sign for medical or hospital attention for my child. As a parent/guardian I will abide by A1 Gymnastics Inc policies as well as Sport PEI rules of fair play. I also acknowledge that any information provided on this form will be shared with GPEI (Gymnastics PEI) and GCG (Gymnastics Canada Gymnastique).

Signature: _____ Date: _____

Session 1	2	3	4