

<b>LAST NAME</b> of participant		<b>FIRST NAME</b>		<b>BIRTHDATE</b>			<b>Current Age</b>	24-25 <small>OFFICE USE</small>	
								<i>Month</i>	<i>Day</i>
<b>HOME PHONE NUMBER</b>		<b>PARENT or GUARDIAN'S NAME (#1)</b>		<b>CELL</b>		<b>WORK PHONE</b>		<b>GO PD DATE</b>  <b>GO REG DATE</b>	
<b>Siblings who are current Gymtrix members</b>		<b>PARENT or GUARDIAN'S NAME (#2)</b>		<b>CELL</b>		<b>WORK PHONE</b>			
							<b>EMAIL ADDRESS</b>		
street number	street	city	postal code		Check BOX if you would like registration and discount reminders via email?			<input style="width: 50px; height: 30px;" type="checkbox"/>	
<b>ADDITIONAL EMERGENCY CONTACT</b> (if we cannot reach a parent/guardian)					<b>*USE OF PHOTOS INCLUDING YOUR CHILD</b> I agree that photos that include my child may be used by Gymtrix for the purpose of internal or external publicity/media purposes including the Gymtrix website and Social Media.				
name		relationship to participant		phone number		YES _____ NO _____			
<b>Does the participant have any conditions that for safety reasons should be disclosed? YES _____ NO _____</b> <b>IF YES, PLEASE LET US KNOW SO THAT WE CAN ENSURE THAT THE PARTICIPANT HAS THE BEST EXPERIENCE POSSIBLE AT GYMTRIX!</b>									
<i>This section for office use</i>									
Please also complete the GYMNASTICS ONTARIO and Gymtrix Gymnastics and Trampoline Centre INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT									
Participant or Parent/Guardian (if participant is under 18 years) <b>Print Name</b> _____									
<b>Signature</b> _____ <b>Date</b> _____									

NORTH BAY GYMTRIX GYMNASTICS AND TRAMPOLINE CENTRE

EXPIRES June 30, 2025