REGISTRATION FORM

LASTNAME FIRSTNAME SEX

M F

DATE OF BIRTH (MM/DD/YY) PARENT or GUARDIAN'S NAME

HOME PHONE --- CELL PHONE OR WORK PHONE --- +(EXTENSION)

ADDRESS CITY POSTAL CODE

HEALTH CARD NO.

EMERGENCY CONTACT AND PHONE NUMBER (IF DIFFERENT FROM PARENTS)

PLEASE ATTACH A LIST OF ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF.

PLEASE CHECK WHICH FULL WEEKS OR WHICH DAYS YOU WILL BE ATTENDING:

Monday, March 15 ☐	**Tuesday, March 16** ☐	**Wednesday, March 17** ☐	**Thursday, March 18** ☐	**Friday, March 19** ☐

WEEKLY COST: $170.00
CAMP COST: $38.00 X NO. OF DAYS: _____ = $ _____ (TOTAL OWING)

TOTAL PAYMENT: $ _____ $15.00 Service Charge on all returned payments.

Payment Method: ____CASH ____CHEQUE ____DEBIT ____VISA _____MASTERCARD

CARD NUMBER -- -- --

EXPIRY DATE: _____ NAME ON CARD: _____ SIGNATURE: _____

I agree not to hold the Bluewater Gymnastics Club responsible for, or make any claims against them for any damages, loss or injury sustained by my child in consequence of my child's participation in or presence at any activities of the aforementioned and hereby release them from any such claims.

Signature_____ **Date** _____

March Break Camp at Bluewater Gymnastics!

8:00am – 5:00pm

Outings will be on Monday, Wednesday, a
Friday. Outings include:

Bowling – Monday

Swimming – Wednesday
(**Please bring swim suit and towel!)**

Rock Climbing – Friday

Daily snacks are at 10:00am and 2:30pm, and
lunch is at 12:00.

**PLEASE BE ADVISED THAT WE HAVE
NUT ALLERGY ALERT. PLEASE DO N
BRING ANY NUT PRODUCTS INTO OU
FACILITY. THANK YOU!**

Drop off is between 8:00 and 9:00, and pick-
is between 4:00 and **no later than 5:00**.

**Please bring snow pants, mittens, a hat, an
boots. Extra socks are a good idea too!**

Daily activities include games in upper
lower gyms, outdoor games, snow
Trampoline, Tumble Track, Pit time and a cra