

SESSION DATES	#1	Aug. 31/09 to Nov. 7/09 (Classes will be held on Halloween)
(10 week sessions)	#2	Nov. 9/09 to Jan. 30/10 (2 weeks Christmas Break-no classes)
	#3	Feb. 1/10 to Apr. 17/10 (1 week March Break-no classes) (Classes will be held on Good Friday)
	#4	Apr. 19/10 to Jun. 26/10

REGISTRATION FEES

	1 HOUR	1.5 HOUR	2 HOUR	3 HOUR
10 WEEKS	\$95.00	\$136.50	\$182.00	\$237.00

The ***ONTARIO GYMNASTICS FEDERATION (GO)** requires all gymnasts to pay a once-yearly, non-refundable registration fee (includes insurance). This **\$25.00 fee** is paid with your first session payment and a portion is submitted to Gymnastics Ontario. This fee will expire on Jun. 30th, 2010.

BUILDING LEVY: There is a one time new building levy of **\$50.00 per FAMILY** and will go toward the capital cost of the building. This is a one time fee.

NEW FUNDRAISING RAFFLE: There will be a fee of **\$20.00 per family per session.**

MONTHLY PAYMENT PLAN

	COST	MONTHLY	# OF CHEQUES
1 HOUR CLASS			
20 Weeks	\$190.00	\$38.00	5
30 Weeks	\$285.00	\$35.62	8
40 Weeks	\$380.00	\$38.00	10
1.5 HOUR CLASS			
20 Weeks	\$273.00	\$54.60	5
30 Weeks	\$409.50	\$51.18	8
40 Weeks	\$546.00	\$54.60	10
2 HOUR CLASS			
20 Weeks	\$364.00	\$72.80	5
30 Weeks	\$546.00	\$68.25	8
40 Weeks	\$728.00	\$72.80	10
3 HOUR CLASS			
20 Weeks	\$474.00	\$94.80	5
30 Weeks	\$711.00	\$88.87	8
40 Weeks	\$948.00	\$94.80	10

* Add \$25.00 GO/Reg Fee to 1st cheque. Please date cheques for the first of the month, changing the year to 2010 in Jan. Please submit building levy cheques separate.

Refund Policy: Refunds will be given for illness only. A doctor's certificate must be presented.

Phone registrations will not be accepted unless accompanied by credit card payment.

REGISTRATION FORM

LASTNAME										FIRSTNAME										SEX (CIRCLE)	
																				M F	
DATE OF BIRTH (DD/MM/YY)										HOME PHONE NUMBER											
ADDRESS																					
CITY										POSTAL CODE					EMAIL						
PARENT or GUARDIAN'S NAME											EMERGENCY NUMBER or CELL PHONE #										
HEALTH CARD NUMBER																					

DOES THE PARTICIPANT HAVE ANY PHYSICAL, MENTAL OR MEDICAL CONDITIONS, WHICH FOR SAFETY REASONS, SHOULD BE DISCLOSED? YES___ NO___ (If Yes, please contact office.)

CLASS DAY AND TIME - 1ST CHOICE:											CLASS DAY AND TIME - 2ND CHOICE:										

NOTE: You will only be contacted if your 1st choice is not available.

REGISTRATION FOR: Session #1 Session #2 Session #3 Session #4
 (Monthly payments available if you sign up for a minimum of 2 sessions. (20 weeks))

SESSION COST: \$ _____ + **\$25.00 *GO Fee** + **\$50.00 Bldg Levy** + **\$20.00 FUNDRAISING FEE= \$ _____ Total**

Payment Option: ___ FULL PAYMENT OR ___ MONTHLY + ANNUAL FEE + BUILDING LEVY

Payment Method: ___ CASH ___ CHEQUE ___ VISA ___ MASTERCARD
 CARD NUMBER _____ EXPIRY DATE _____

NAME ON CARD: _____ SIGNATURE: _____

FAMILY DISCOUNT: 2nd Child 10% off ___ 3rd Child \$40.00 per session ___ See office for more details

By signing this form, I acknowledge that I am aware that there are risks associated with gymnastics. I warrant that the participant named on this form is physically fit to participate in gymnastics. I declare that I have accurately disclosed all information regarding physical, mental or medical conditions affecting the named participant and acknowledge that this information may be used for the Club's/GO's use in the delivery of a gymnastic program. I acknowledge that there is potential risk for injury involved in training and competing in any sport. I understand that the OGF has tried to create a safe and controlled environment for participation and that the Club has established rules for participation on and about the gymnastic area that must be followed by the participant. I understand that failure to comply with any of the policies and rules of the Club/OGF may result in the suspension or termination of membership. I waive the rights of the participant to damages or other costs in the event injury is caused due to participation in gymnastics or other involvement with the OGF.

Signature _____ Date _____