

Chilliwack Dance School and Chilliwack Gymnastics Club

Registration Information:

First and last Names of students	m/f	Birth date	Age	Care card Number	Gymnastics class Days and times	Dance classes and times	Monthly Fees
Total monthly instructional fees:							

May we use these students' images in our promotional materials, Facebook, website?	Yes	No
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Contact information:

Names of parents	Adult participants skip this line
Address(es)	
Email(s) (for our own use only)	
Phone numbers	

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

I recognize and freely accept that there are significant risks involved in gymnastics and dance activities, and in consideration of your acceptance of my registration, I, intending to be legally bound do hereby, for myself, my heirs, executors and administrators, waive and release and forever discharge any and all rights and claims for damage which I may have or may accrue to me against the Chilliwack Gymnastics Club and Chilliwack Dance School, or their respective officers, agents, employees, representatives, and/or assigns for any damages which may be sustained and suffered by me and/or my family in connection with my association with this gymnastics club and dance school.

Date Signed _____

Signature (of parent or guardian if students are minors) _____

Office use:

Notes: Medical conditions or issues, custody, etc.	Payment arrangement: Payments received: Registration Sept Oct Nov Dec Jan Feb Mar Spring Break Camp April May June July August Summer Camp Costume fees Festival fees Supplies or other
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