



# REGISTRATION FORM 2017 SUMMER CAMP

Pulsars Gymnastics Club • 1206 Ringwell Drive • Unit 2 • Newmarket, Ontario • L3Y 8V9  
Phone: (905) 836-2209 • Fax: (416) 850-9633 • Email: pulsarsgymnastics@rogers.com  
[www.pulsarsgymnastics.com](http://www.pulsarsgymnastics.com)

SUMMER CAMP 2017  
July 4 to August 25, 2017

- Preschool (Ages 3 to 5 yrs)  
 Twister (Ages 6 yrs & up)

- Week \_\_\_\_\_  
 Full Day \_\_\_\_\_  
 Half Day – AM (9:00 am to 12:30 pm) \_\_\_\_\_  
 Half Day – PM (12:30 pm to 5:00 pm) \_\_\_\_\_

Athlete's name:

\_\_\_\_\_

Address:

City:

\_\_\_\_\_

Postal Code:

Home Phone:

Male/ Female :

\_\_\_\_\_

Email:

Birth Date:

(yyyy,mm,dd)

Age:

\_\_\_\_\_

Parent's Name:

Phone (Bus):

Cell:

\_\_\_\_\_

Parent's Name:

Phone(Bus):

Cell:

\_\_\_\_\_

Emergency Contact:

Phone(Bus):

Cell:

\_\_\_\_\_

Medical/Special Concerns:

\_\_\_\_\_

Alternate Pickup:

Alternate Phone:

\_\_\_\_\_

Although every effort will be made to provide a safe and enjoyable summer camp program, it must be recognized that there are inherent risks involved. If you have any doubt as to your child's suitability for participating, please consult your doctor. Refund will not be given. A credit will be applied to another session for medical reasons only. A charge of \$30.00 will be levied on NSF cheques.

I, \_\_\_\_\_ (please print) consent to the Pulsars Gymnastics Club to collect personal information about my son/daughter, including name, address, date of birth, gender, language preference, telephone contact numbers and email addresses. I consent to the club for maintaining a file on my son/daughter's personal information and updating the personal information as required. Pulsars Gymnastics Club reserves the right to use video and/or photographs of members for promotional purposes.

#### RELEASE:

I, the undersigned, hereby agree to indemnify and save harmless **Pulsars Gymnastics Club, Warrior Mixed Martial Arts, Aqua Centre, The Recreational Outdoor Campus**, their/its officers, instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, actions, suits or proceedings arising out of participation of my child, named above, in any gymnastics, martial arts, swimming, off site excursion and camp activity.

Date:

\_\_\_\_\_

Signature of Participant, parent, or legal guardian  
if under 18 years of age

\_\_\_\_\_