



WINNIPEG GYMNASTICS CENTRE ACTIVITY REGISTRATION

#3-1249 Clarence Ave. Winnipeg, MB. R3T 1T4
Phone: 475-9872 Fax: 453-4866
www.winnipeggymnasticscentre.com

2010 Summer Registration

Child's Name : _____
last first

Birthdate : _____ M or F
(yyyy / mm / dd) age

Medical Information : _____ / _____
6 digit 9 digit

Allergies / Other Medical Concerns : _____

Guardians Names : _____

Phone Numbers : _____
home work cell

Home Address : _____

Other Emergency Contact : _____ Phone # _____

Relationship : _____

Please check which week registering for:

DAY CAMP		REGIONAL			PROVINCIAL
Choose One of Two Day Camps: (1) Fun & Flip (2) Skills Camp	DAY CAMP - Full Day 9 am - 4 pm	DAY CAMP - Half Day 9 am - 12:00pm 1 pm - 4:00 pm		COMPETITIVE CAMP #1 Wed. 5 pm - 8 pm	COMPETITIVE CAMP #2 Mon. - Fri. 9 am - 2 pm
Week 1, July 5-9	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	N/A
Week 2, July 12-16	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	N/A
Week 3, July 19-23	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	N/A
Week 4, July 26-30	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	N/A
Week 5, Aug 3-6	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$104 / week	<input type="checkbox"/> \$55 / week	<input type="checkbox"/> \$55 / week	<input type="checkbox"/> \$24 / session	N/A
Week 6, Aug 9-13	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	<input type="checkbox"/> \$130 / week
Week 7, Aug 16-20	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	<input type="checkbox"/> \$130 / week
Week 8, Aug 23-27	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> \$130 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$65 / week	<input type="checkbox"/> \$24 / session	<input type="checkbox"/> \$130 / week

Total enclosed \$ _____

I hereby understand that injuries can arise by accident from the very nature of program activities, and I hereby release and waive all rights to any claim or action against the Winnipeg Gymnastics Centre arising from injury, loss or damage to my child or to my child's property except where such injury, loss or damage is caused by the negligence of Winnipeg Gymnastics Centre.

Parent / Guardian Signature : _____ Date : _____
(yyyy / mm / dd)