

Aereo Gymnastics Club

Gymnastics Ontario Membership

Valid July 1st 2015 – June 30th 2016

Last Name: _____ First Name: _____

Sex: ___ Birth Date: _____ Age: _____

Home Phone: _____

E-mail: _____

Address: _____

City: _____ Province: _____ Postal: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Mother's Work Phone: _____

Father's Work Phone: _____

Emergency Contact: _____ Phone: _____

Allergies: _____ Medication: _____

CANGYM Badge Level: _____

*The Aereo Gymnastics Club is not responsible for any personal loss or injury while a member of the club.

*****Refunds for classes or any portion thereof will not be granted without written medical certification detailing physical reason why the gymnast is no longer able to participate in the program. No exceptions.***

I understand it is my responsibility to be aware of Aereo's Code of Conduct, Dress Code, Refund Policy, and Drop Off Rule.

Signature: _____ Date: _____