

Aereo Gymnastics Club
Gymnastics Ontario Membership
Valid July 1st 2017 – June 30th 2018

Last Name: _____ First Name: _____

Gender: ___ Birth Date: _____ Age: _____

Home Phone: _____

E-Mail: _____

Address: _____

City: _____ Province: ___ Postal: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Emergency Contact : _____ Phone: _____

Allergies: _____ Medical Conditions: _____

Medication: _____

CANGYM Badge Level: _____

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. You may apply for a partial refund with a certified medical note detailing a physical reason why the gymnast is no longer able to participate in the program. No exceptions

I give Aereo Gymnastics Club permission to email me regarding programs and club events/information.

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

Signature: _____ Name: _____ Date: _____

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