



## PD DAY CAMP REGISTRATION FORM



### Campers Info

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Medical info or special notes \_\_\_\_\_

### Parent/Guardian Info

Parent/Guardian 1 (Full name) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 (Full name) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_



### Choose your day/Time (*Put a check mark next to the appropriate choice*)

Morning \_\_\_\_\_ Full Day \_\_\_\_\_

**Payments:** We accept Visa, Master Card, Debit, and cash. All fees are due at least 5 days prior the start of the camp.

**Registration:** Due to limited spaces, registrations are accepted on a first-come first-serve basis. Registration is not accepted without full payment & registration form. Please no drop-in registration – register ahead of time during our registration period to avoid lineups and disappointments.

**HST:** All camp fees are subject to 15% HST.

**Cancellation:** Cancellation 3 days plus prior to the start date of the camp week is subject to \$25 administration fee. Cancellation less than 3 days – No Refunds.

**Discounts:** Family Discounts: 10% discount issued for 2nd and subsequent children.

Although all efforts will be made to provide a safe and enjoyable gymnastic program, it must be recognized there are inherent risks involved in participation in any sport, including the sport of gymnastics. I, the undersigned, hereby agree to indemnify and save harmless GymNation, its instructors, coaches, employees, members and clubs against all claims, demands, costs, damages, suits or proceedings arising out of participation of myself/my child, named above, in any gymnastic activity. GymNation reserves the right to photograph and video record all participants involved GymNation programs to be used solely for the purpose of promotional material and publication; therefore I, the undersigned, waive any rights of compensation or ownership thereto. Undersigned agrees to all terms, conditions of enrolment & club policies of GymNation.

Signature \_\_\_\_\_

### Office Use Only:

Method of payment \_\_\_\_\_ Paid in full \_\_\_\_\_