

BIGC FALL 2021 Registration Form

Child's Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Previously enrolled? _____

Day	Time	Class Name	Price
2021-2022 Gymnastics B.C. Insurance/Membership fee (valid until Aug 31, 2022)			\$55.00

TOTAL _____

PAID: chq /cash/ etransfer

PARENT CONTACT INFO

OWING _____

#1 _____ #2 _____

Cell /work# _____ Cell/Work# _____

Email: _____ Email: _____

CHILD INFO

Male/female age: _____ Birth date (year/month/date): _____

BC Med #: _____ Doctor: _____

Medical Information (allergies, special needs, injuries etc): _____

Emergency Contacts #1 _____ #2 _____

WAIVER: Please read and sign below

I hereby authorize my child's participation in this program. I know of no mental or physical problems that may affect my child's ability to participate in this program. I am aware that gymnastics and trampoline activities, by their nature, involve certain elements of risk that involve potential for bodily injury. A portion of the registration fee paid to Gymnastics B.C. is allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit my child to participate.

Signature: _____ Date: _____



Photo Use Permission

I hereby agree to permit the use of my child's photographic image participating in BIGC activities for print or electronic promotional use.

_____ X _____
Date Child's name Family Name Signature