REGISTRATION FORM

PROGRAM	CLASS NAME	TIME AND DAY
Active Warriors		
Acro Dance		
Basketball		
Dance		
Gymnastics		
Learn to Skate		
Swimming Lessons		
Taekwon-do		
Yoshinkan Aikido		
Name: Date of Birth: / _/ MM DD YYYY Address:	Age:	Regular Ordinary Associate
City	Province	Postal Code
Parent or Guardian Name:		
Home Phone Number	Work Phone Numbe	r Mobile Phone Number
Email Address:		
EMERGENCY INFORMATION		
Emergency Contact:		Home Phone:
Relation to Child:		Work Phone:
ADDITIONAL HEALTH INFOR	MATION	
Please state any physical or beha	avioural challenges that may be useful to	o the Instructor:

- I understand that should it be necessary to cancel a class, every attempt will be made to re-schedule • however, if the class cannot be re-scheduled, no reduction in registration fees will be issued.
- I take full responsibility for my child and consider them to be fit to participate in the program. In the event of • an emergency, I agree with them being sent to a hospital for emergency treatment.
- REFUND POLICY: Full refunds for medical, military-relate dated reasons will be authorized before the . program start date, after the start date refunds will be prorated. All other Full refund requests must be received 5 business days before the start of the program, after the start date refunds will be prorated. If more than 50% of the program has elapsed, no refund will be issued.