

# 1 HOUR CLASSES

## SUMMER 2020

### REGISTRATION FORM



3620 A Laird Rd. Unit 9 & 10 Miss., On L5L 6A8  
 Ph. 905-607-5437 Fax: 905-607-5140  
 kids-supergym.com email: kidssupergym.miss@gmail.com

#### Gymnastics Classes

Day: Wednesdays

Dates: July 22 – Sept. 2, 2020

- 5:00-6:00 pm 6-8 yrs
- 5:00-6:00 pm 8-10 yrs
- 6:15-7:15 pm 6-8 yrs

7 classes  
 -\$175.00.00 PLUS HST \*

GYMNASTICS ONTARIO AND INSURANCE FEE\*\*

All athletes will be screened before entering our facility by asking the parent / guardian questions related to COVID-19 guidelines.

\*PLUS HST

\*\* \$39 if participant not registered. Valid July 1 2020-June 30 2021

Limited to children 6+, due to social distancing requirements. If your child is unable to follow social distancing instructions and direction from our coaches unfortunately we may have to cancel their registration. Payment would be refunded if KSG-M cancels the registration.

- Gymnastics classes for Beginners or returning members.
  - Acro Tumbling is skill based
  - All Basic skills to be reviewed
  - Conditioning
  - Flexibility
  - Progressions
  - Revamped gyms for continued learning
- 6 athletes per class

PREPAYMENT REQUIRED – e-transfer / Credit card

#### Acro Tumbling Class

Day: Wednesdays

Dates: July 22 – Sept. 2, 2020

- 6:15-7:15 pm Acro Tumbling 7+ Skill Based

7 classes  
 -\$175.00.00 PLUS HST \*

\*KIDS SUPERGYM-MISS may need to edit or change our schedule based on the pandemic, government guidelines, or our own experience as Summer 2020 unfolds. Please be patient and kind.

### Personal Information

Gymnasts Name: \_\_\_\_\_ Gender: M or F

Address: \_\_\_\_\_  
 Number/Street City Postal Code

Home Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
 Month Day Year

### Contact Information

Parent/Guardian #1 : \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 : \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information (other than Parent/Guardian)

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Medical Information

Allergies/Medications? Yes No If yes, Please list: \_\_\_\_\_

Health/Special Needs Information: \_\_\_\_\_

\_\_\_\_\_

## Refund & Payment Policy

- ❖ No refund will be given once program has started, unless KSG-M cancels your registration due to physical distancing non-compliance.
- ❖ Programs may be cancelled at any time due to the ongoing pandemic. If the government declares another closure, payment will be refunded or can be used as a credit in future registration.
- ❖ Missed days will not be credited, refunded or transferred.

## Waiver and Health Screening

See attached.

Initial here that documents are attached to your registration: \_\_\_\_\_

Parent/Guardian agrees to the daily health screening outlined in the attached documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent / Legal Guardian*

## Behaviour Contract

In registering for our programs, I understand that there is an expectation of reasonable behavior from my child. Any disruptive behavior that affects the enjoyment and involvement of other participants, requires repeated attention of staff, or jeopardizes the safety of my child or others, will be identified to me and resolved in coordination with the staff. Serious or repeat occurrences may result in my child being asked to leave the program.

Campers must also be following physical distancing protocols mandated by the government.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_