



Spring 2023 Gymnastics Registration Form April 3rd - July 2nd

Class Schedule and Fees:

Class	Cost	Code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Parent & Tot 18 months - 3 yrs	\$312	PTF	9:15 - 10:15 5:00 - 6:00		9:15 - 10:15			9:00 - 10:00 10:15 - 11:15	9:00 - 10:00
Kinder 3yrs. - 4yrs	\$312	KF	10:30 - 11:30	6:00 - 7:00	10:30 - 11:30	5:30 - 6:30	10:30 - 11:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30
1 Hour Rec 4yrs - 6yrs	\$312	1HRF	6:00 - 7:00	7:00 - 8:00	6:00 - 7:00	5:00 - 6:00	5:00 - 6:00	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30
1.5 Hour Rec 5yrs - 7yrs	\$403	1.5HRF	4:30 - 6:00	4:30 - 6:00	4:30 - 6:00	6:30 - 8:00	5:00 - 6:30	10:00 - 11:30	10:00 - 11:30
2 Hour Rec 8yrs - 12yrs & 13yrs - 16yrs	\$481	2HRF	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	4:30 - 6:30	2:00 - 4:00	10:00 - 12:00
Tumble & Bounce 8yrs and up	\$312	TTF	7:00 - 8:00		7:00 - 8:00			1:00 - 2:00	1:00 - 2:00
*Advanced Gymnastics 6yrs - 10 yrs	\$598	ARF							*1:00 - 4:00
Lil' Ninjas 5yrs - 8yrs	\$403	LNJ						11:45 - 12:45 4:15 - 5:15	
Next Level Ninjas 9yrs and up	\$403	NLN							11:45 - 12:45 4:15 - 5:15
Date Night	\$25	Date Night						6:30 - 9:00	
Rising Stars (special needs program)	\$312	SNP FA						2:30 - 3:30 3:30 - 4:30	

*The Advanced program is by invitation only. Please contact us to have your child assessed.

*Space is limited for Date Night. Register by calling the gym at (905) 775-4961 OR visit our website for more information.

*Make up classes are provided based on availability, they are not guaranteed.

Participant Information:

Last Name: _____ First Name: _____

Date of Birth: (MM/DD/YYYY) _____ Age: _____ Sex: M or F _____

Special Needs: _____ Pictures and Videos for promotinal use opt out: (signature) _____

Medication/Allergies: _____

Parent/Guardian and Emergency Contact Information:

Last Name: _____ First Name: _____

Address: _____ Apt: _____ City: _____ PostalCode: _____

Home Phone: _____ Cell #: _____

*Email Address: _____

Emergency Contact Name: _____ Phone #: _____

How did you hear about us? _____

Class and Payment Information:

Class	Code	Day	Time	Rate
Credit Card #:				SUBTOTAL:
Expiry Date:	CVV:			HST:
				TOTAL:

Note: Class fees do not include HST. No refunds after the first class.