



910 McGill Rd
 Kamloops B.C
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IGNITE REGISTRATION FORM

REGISTRATION FORM AND PAYMENT IN FULL ARE NECESSARY TO BE INCLUDED ON A CLASS LIST. GYMNASTICS BC ANNUAL INSURANCE/REGISTRATION FEE IS DUE AND PAYABLE AT TIME OF REGISTRATION

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

****ALL FIELDS REQUIRED****

** COMPLETE THIS SECTION **

| | | | |
|--|------------------------|-------------|--------------------|
| ATHLETE NAME | GENDER | AGE | D.O.B (MM/DD/YYYY) |
| ADDRESS | | POSTAL CODE | PHONE |
| MOTHER'S NAME (FIRST AND LAST) | CELL | WORK | D.O.B (MM/DD/YYYY) |
| FATHER'S NAME (FIRST AND LAST) | CELL | WORK | D.O.B (MM/DD/YYYY) |
| EMAIL | | | |
| ALLERGIES | | | |
| MEDICAL CONCERNS | | | |
| EMERGENCY CONTACT NAME | RELATIONSHIP TO FAMILY | | PHONE |
| Would you like to receive information on programs specific to your child? Yes No | | | |
| Do you consent to the use of likeness and information? (For KGTC in-house use only) Yes No | | | |
| How did you hear about us? | | | |
| Security Question: What gym club do you belong to? | | | |
| Security Answer: | | | |

REGISTRATION INFORMATION

| | |
|--------------------|------------------------|
| IGNITE - PAC SPORT | GBC FEE PAID YES NO |
|--------------------|------------------------|

Pacific Sport Interior BC to pay this registration fee for the IGNITE Athlete.

METHOD OF PAYMENT (CIRCLE ONE)

VISA / MASTERCARD / AMEX CHQ. (payable to KGTC) DEBIT (payable at KGTC) CASH

_____ # _____

EXP _____ \$ _____

Approval of processing payments on credit card

Signature: _____

DATE OF PAYMENT _____ RECEIPT# _____

RELEASE CLAUSE:

I HERBY 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 SAFELY IN THIS PROGRAM. I AM AWARE THAT GYMNASTICS AND TRAMPOLINE ACTIVITIES BY THEIR NATURE, INVOLVE A CERTAIN ELEMENT OF RISK WHICH HAS POTENTIAL FOR BODILY INJURY. A PORTION OF THE REGISTRATION PAID TO GYMNASTICS BC IS ALLOCATED FOR THE PROVISION OF ACCIDENT INSURANCE SHOULD ANY INJURY OCCUR. I ACKNOWLEDGE THIS ELEMENT OF RISK, AND AGREE TO PERMIT MY CHILD TO PARTICIPATE.

X SIGNATURE OF PARENT _____ DATE _____