

Gymnastics Ontario Member: \_\_\_\_\_



**SPRING ACTION  
TRAMPOLINE**

**Membership Form Fall 2017**

**Snow Akademy**

**Day of Class:**  Monday **Time of Class:** 6:30-7:30

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Participant Name: \_\_\_\_\_ Birth date (D/M/Y): \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent's Name (if under 18 years of age): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

How Did You Hear about Spring Action? (please specify the newspaper if possible!)

Television  Radio  Internet  Newspaper \_\_\_\_\_

Other—Please Specify: \_\_\_\_\_

**Notice Of Warning:**

There is a potential risk of injury involved in training and participating in any sport. Spring Action has made every effort to create a safe and controlled environment for participation. Rules, that must be followed, have also been established for participation and conduct on and about the training area.

**Information:**

Spring Action collects personal information from their participants for the purpose of registering their clients with Gymnastics Ontario, to issue receipts and to distribute information about our programs. Spring Action values your privacy and we do not sell or distribute your information with any other organization.

\_\_\_\_\_  
Signature of Participant or Parent (if under 18).

\_\_\_\_\_  
Date