

Gymnastics Ontario Member: _____



**SPRING ACTION
TRAMPOLINE**

Membership Form Fall 2017

FORTUNE FREESTYLE TEAM

Day of Class: Monday &/or Wednesday **Time of Class:** 7:30pm-9:00pm

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