



## SPRING ACTION TRAMPOLINE

### Returning Members Registration Form 2016-2017

Session:  Winter Session  Spring Session Day of Class: \_\_\_\_\_ Time of Class: \_\_\_\_\_

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

Session:  Winter Session  Spring Session Day of Class: \_\_\_\_\_ Time of Class: \_\_\_\_\_

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

Session:  Winter Session  Spring Session Day of Class: \_\_\_\_\_ Time of Class: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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

**Administration**

Amount Paid: \_\_\_\_\_ Date Paid : \_\_\_\_\_ Receipt: \_\_\_\_\_