



Where FUN begins!

Play, Learn, Grow

Unit 11, 33 The Bridle Trail
Markham, ONTARIO
L3R 4E7
(647) 727-1550

Registration			
Date:		Instructor	
Child 1 Information			
First Name:	Last Name:	Birthday:	Age:
Street Address:			
City:	Postal Code:	Phone:	
Medical Condition:			
Child 2 Information			
First Name:	Last Name:	Birthday:	Age:
Medical Condition:			
Parent / Guardian Information			
First Name:	Last Name:	Email:	Phone:
Class Information			
Class:		Time:	
Billing Information			
<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Master		Card Number	
Name	Expiry	CVD	
Card Billing Address			
<p>I agree to use my credit card, as noted below, in the Gym-O-Gym Automatic Payment Plan. I authorize my bank/credit card company to make my Automatic Payment by the method designated below and post it to my bank/credit card account.</p> <p>Signature: _____ Amount / Term: _____</p>			
Automatic Payment Plan and Term			
<p>This agreement constitutes an Automatic Payment Plan and will remain in effect until terminated by the member in writing a minimum of 28 days prior to your last class. The Automatic Payment Plan is automatically charged every _____ and is based on _____ weeks of class programming. This includes _____ structured class and _____ Fun Play per week.</p> <p>Initial: _____</p>			

Attendance and Make-ups

Members must inform the gym of a class absence a minimum 2 hours in advance to be eligible for a make-up. Each make-up must be completed within 28 days of the missed class (Fun Plays are NOT eligible for Make-ups). There may be short periods when Gym-O-Gym is closed or classes are not running. If this occurs and a class is missed, the member is entitled to a make-up. Make-ups must be schedule a minimum of 24 hours in advance and will be assigned only where space available. The scheduling of make-ups, within allowed time-frames, is the sole responsibility of the member.

All Make-up classes MUST be completed prior to your child's FINAL Class Date. All PA days, March Break Camp, Summer Camp, Winter Break Camp or After School program is not eligible for make-up.

Initial: _____

Cancellation of Class Enrollment

Your child will automatically remain enrolled at Gym-O-Gym until an official Class Cancellation Form has been completed and submitted in person. Cancellation is the sole responsibility of the member. Non-attendance DOES NOT constitute cancellation. Final payments will be pro-rated where applicable. Children will continue to attend classes and Fun Plays as well as complete any remaining make-ups prior to the FINAL Class Date noted on the Class Cancellation Form. It is agreed that a minimum of 28 days notice is required to cancel Class Enrollment and the Auto Payment Plan.

All party deposit are non-refundable.

Initial: _____

Participation Consent

Participation at Gym O Gym involves physical activity. As devoted as we are to ensure the safety of our facility, in majority part, dependent on your attitude and willingness to follow our safety rules (please see your sign in form). My participation is completely voluntary and I freely accept and fully assume all responsibility of personal injury, property damage or loss to myself or any other person as a result of my participation in these services.

By signing below I acknowledge the following:

- You will use the Gym O Gym facility according to the posted rules or instructions given by our instructors
- Please be advise that Gym O Gym is not guarantee to be a nut-free environment
- You understand that participation involves physical activities that could result in injury and you assume all risks possible
- The facility is under supervision at all time; however part of the facility are not supervised continuously
- You release us from any liability for losses that may arise out of your participation
- If a parent / guardian is not present for a function our staffs have permission to perform emergency medical assistance / resuscitations; or transfer child(ren) to qualified paramedic. In case of emergency which evacuation of the premise is required, we are given the permission to transport your child(ren) to a safe location according to the Fire/Safety Emergency plan approved by City of Markham.

I have read and understand this agreement and waiver. By signing below, I certify that I am the legal parent or guardian of the child(ren) for whom I am signing or, if I am not the parent or legal guardian, that I have the express permission of the child(ren)'s legal parent of guardian.

Parent / Guardian Signature _____