

FALCON GYMNASTICS

A Tradition of Excellence Since 1973

208-721 Vanalman Ave. Victoria BC V8Z 3B6

250 479 6424 - www.falcongymnastics.com - Fax 250 479 6412



REGISTRATION

PROGRAM	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Parent & Tot 18m to 3yrs 45 min. class / 1 per week	9:15 10:15	9:15 10:15	9:15 10:15	9:15	9:15 10:15	8:45 9:45 10:30	
Gym Bugs 31/2 to 51/2yrs 1 hour class / 1 per week	9:15 10:15 3:30	9:15 10:15 1	9:15 10:15 3:30	9 1	9:15 10:15	9 10 11:15	11:30
Beginner Recreational 6-14yrs 1.25 hrs class	3:30-4:45	3:45-5 5-6:15 6:15-7:30	3:30-4:45	3:45-5 6:15-7:30	3:30-4:45	9:30-10:45 10:45-12 12:30-1:45	12:30-1:45
Falcon's Juniors Interm./Adv. Recreational Level 5 Ribbon & above 2 hour class 1 or 2X p/w		5-7		5-7		12:15-2:15	

Falcon Gym Classes and Programs are subject to enrollment on a first come first serve basis

Please add \$25 for Falcon Membership and Insurance

Pre-School programs begin September 20, 2010

CAN GYM programs begin September 7, 2010

Registration	Name of Participant	Birth Date
Home Phone Number	Address and Postal Code	Emergency Contact - Name and Phone Number
Work Phone Number	Cell Phone	Email
Class/Program Choice	Day(s)	Session/Class Time
MSP Number/Care Card	Family Doctor	Family Doctor Phone Number
Medical Conditions Physical Concerns		I Agree the participant's photo may be used. YES.....NO
Date	Parent/Guardian Name (Please Print)	Signature of Parent/Guardian

Refund Policy - The club will refund 75% of the members gym/tuition fees with a written notice of withdrawal one month in advance. The reason for withdrawal must be acceptable to the director. No refunds on annual membership fee.

Release - I hereby make my application for membership in Falcon Gymnastics Centre as, or on behalf, of the above mentioned participant. I understand and agree to the Policies and Rules of Falcon Gymnastics Centre. Upon acceptance and payment of the registration fee in full the participant will become a fully registered member of Falcon Gymnastics.

Office Use Only - Payment Method: Cash / Cheque / Visa / Mastercard / Debit _____

Insurance Fee _____

Term 1 - Sept. _____ **Oct.** _____ **Nov.** _____ **Dec.** _____ **Jan.** _____

Term 2 - Feb. _____ **Mar.** _____ **Apr.** _____ **May** _____ **June** _____