



MAX Gymnastics – Summer 2018

PARTICIPANT INFORMATION:

Name _____ Birthdate (mm/dd/yyyy) _____ Age _____

Gender: Female Male MCP #: On File _____

Does the student have any medical (including food and other allergies), physical, or behavioral concerns that our staff should know about? (CONFIDENTIAL)

PROGRAM INFORMATION:

- Location: 6 St. Clare Avenue, St. John's
- The program is 8 weeks in duration (July 7 – August 25)
- All classes are Co-Ed
- The price is \$120 + HST = \$138 per participant (payment is required in full)
- **Additional Required Fee: \$35 + HST = \$40.25 annual Gymnastics NL fee per participant**

Please select your program below:

<p>Parent and Tot</p> <p><input type="radio"/> 9 months to age 2 Saturdays 9-9:50am <i>Parental participation required Instructor led</i></p>	<p>Skill Builders: Introduction to Gymnastics</p> <p><input type="radio"/> Ages 3-4: Saturdays 10-10:50am <i>Must be able to participate without parental assistance</i></p> <p><input type="radio"/> Ages 5-6: Saturdays 11-11:50am</p> <p><input type="radio"/> Ages 7-8: Saturdays 12-12:50pm</p> <p><input type="radio"/> Ages 9-12: Saturdays 1-1:50pm</p>	<p>Gymnastics for Cheerleading Levels (Ages 5+)</p> <p><input type="radio"/> Level 1: Saturdays 9-9:50am</p> <p><input type="radio"/> Level 2: Saturdays 10-10:50am</p> <p><input type="radio"/> Level 3: Saturdays 11-11:50am</p> <p><input type="radio"/> Level 4: Saturdays 12-12:50pm</p> <p><input type="radio"/> Level 5: Saturdays 1-1:50pm</p>
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PARENT/GUARDIAN INFORMATION (Existing MAX Clients):

1. Name _____ Relationship to Student _____

Primary Contact # _____ Email _____

2. Name _____ Relationship to Student _____

Primary Contact # _____ Email _____

PARENT/GUARDIAN INFORMATION (New MAX Clients):

1. Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

2. Name _____ Relationship to Student _____

Home # _____ Work # _____ Cell # _____

Email _____ Address _____

City/Town _____ Province _____ Postal Code _____

EMERGENCY CONTACT (Other than parents/guardians listed above. Please note that the emergency contact must be 18 years of age or older):

Name _____ Primary Contact # _____

Email completed form to info@yourmax.ca or deliver in person to any MAX location. For inquiries, email info@yourmax.ca, call 733-7330 or visit www.yourmax.ca.

