## LGA Adult Drop-In Registration Form (All information is required)

Last Na	ame:	First Name:			
Addres	SS:				
	Street	City	Province	Postal Code	
Date o	f Birth:	Age:			
Allergi	es/Medical:				
Email Address:		Home	Home/Cell Phone:		
Gymnas	st Waiver and Agreement				
· · · · · agree to	sign below. If you have any questions, p By submitting and signing this form, I ac understand that LGA has done everythir established rules for participation on an understand that failure to comply with a of my activity. I waive the rights of the p participation in gymnastics or other invo The Gymnastics Ontario fee must be pai insurance/liability purposes. The fee for a 1.5 hour class is \$20 and m arrivals. FEES FOR CLASSES AND GYMNASTICS ON Each week you must sign in and pay before Classes may be cancelled, changed, or re Please check our website at www.londo cancellations may be made within the wo	knowledge that I am aware that the git can to create a safe and control about the gymnastics equipment any of the policies and rules of LGA participants to damages or other colvement with LGA. It is don't he first visit and covers you cust be paid on the night of attendant at the properties of the colver of the paid on the night of attendant and the paid on the sole discretion of the paymansticsacademy.com for noting the case of the paymansticsacademy.com for noting the case of the paymansticsacademy.com for noting the paymansticsacademy.com	ere are risks associated olled environment for part that must be followed may result in the susper posts in the event that injuritil June 30th, 2024. The nce. Fees will not be process. It is the Recreational Direct fication of changes/candidates.	articipation and has by the participants. I nsion or termination ury is cause due to  is is for orated for late  or. cellations as some	
Signature of participant (or Parent/Guardian if under 18 years ol		under 18 years old)	Date		
		OFFICE USE ONLY			
	astics Ontario Fee				
Metho Cash	od of Payment for GO Fee:	\$40 + HST = \$45.20 (c	overs until June 30,	2024)	
Debit		GO # from another gy	m:		
MC		Name of other gym:			
Visa					
Date o	f Payment:				
Staff I	nitial:				