

# MARCH BREAK CAMP 2014

Registration form

office. 905-760-0092 gym. 905-695-0899 e-mail. info@aspirals.com

First name:	Last name:	DOB: d/m/y
Telephone	Res.	Cell
E-mail		Bus (opt)
Parent' first name:		
Health card #	Allergies	
Are you Aspirals member?	Yes	No
Any other relevant information you feel we should know		
Waiver: The undersigned hereby agrees to hold Toronto Aspirals Rhythmic Gymnastics Centre and Gymnastics Ontario harmless from any and all injuries arising out of the activities at any facility at any time or use of equipment, whether accidental or otherwise		
Parent name:	Signature :	Date:

Wk #	Camp Dates	Mark the days you will attend	Ext hrs Y/N	Fees
2	Monday - March 10			
3	Tuesday - March 11			
4	Wednesday, March 12			
5	Thursday-March 13			
6	Friday- March 14			
Total				

**Full day camp:** Time: 9:00-5:00

**Fees:**

5-days \$270  
Daily: \$ 60/day /\$35/half day  
9-12pm

HST included in price

**Extended hours:**

8:00-9:00 am  
5:00-6:30 pm \$5/hr  
\$3/every 1/2hr

Full payment is due at registration.  
No post dated checks. Check or cash only.  
No refund after March 1<sup>st</sup>. (Subject to \$25 fee)  
Discounts for siblings: \$10%  
Payments are due at registration.

**Mail your registraion to  
6 Bradwick Drive, Concord, ON L4K 2T3**

**905-760-002 office.**

**905-695-0899 gym**

**905-669-5690-fax**

**[Info@aspirals.ca](mailto:Info@aspirals.ca) -e-mail**

**[www.aspirals.ca](http://www.aspirals.ca) web site**

**No application will be processed until full fees are paid.**

**Payments accepted in cash or checks.**

**Make your check payable to Toronto Aspirals RGC**



