## RECREATIONAL TRAINING SCHEDULE 2016-2017

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| Orthodox Jewish Girls Programs | | | *Fee:* *Registration: $35/yr* | |
| Age | Sunday | | *Fall  9wks* | *Winter-Spring* |
| 4-6yrs | **10:30-11:45 subject to coach availability** |  | *$135*  *We accept cash, cheque or e-transfer* |  |
| 6-8 yrs | 10:30-12:00 |  |  |
| **12:00-1:30 subject to coach availability** |
| 9 & up | 12:00-1:30 |  |  |
| ***Fall session: October 8 to December 18 (October 16 & 23 are excluded due to Sukkot)***  ***Fall fee: $135 (siblings 10%off) Registration $35 for each child.*** | | | | |

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| **Registration form**  You can fill out this form on your computer and e-mail it to us as an attachment. We will register your child once full payment is received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's First name: | | |  | | | | | Last name: | | |  | | | | | | | DOB: d/m/y | | | | | |  | | | M/F | |  |
| Address: street | |  | | | | | | | | | | | | Apt # | |  | | | City: | | |  | | | | Postal Code | |  | |
| Telephone | | | |  | |  | | | | Cell |  | | | | | | E-mail | | | |  | | | | | | | | |
| Parent’ first name | | | | |  | | | | Health card # | | | |  | | | | | | | Past injuries | | | | |  | | | | |
| Allergies |  | | | | | | How did you learn about us? | | | | |  | | | Day school attending | | | | | | | |  | | | | | | |
| 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’s name: Signature : Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**We accept checks, cash or e-transfer (to** [**info@aspirals.ca**](mailto:info@aspirals.ca)**) Make checks payable to Toronto Aspirals**

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

**905-760-0092**