

SUMMER CAMP 2017

Registration form

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

First name:		Last name:		DOB: d/m/y
Telephone	Res.	Cell		Bus (opt)
E-mail			Parent' first name:	
Health card #		Allergies		
Are you Aspirals member?		Yes	No	
Any other relevant information you feel we should know				
<p>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</p> <p>Parent name: _____ Signature : _____ Date: _____</p>				

Wk #	Camp Dates	Mark the weeks you will attend	Ext hrs Y/N	Fees
1	July 4-7(short)			
2	July 10-14			
3	July 17-21			
4	July 24-28			
5	August 31-4			
6	August 8-11(short)			
7	August 14-18			
8	August 21-25			
9	August 28-September 1			

Time:

Full day camp: 9:00am-4:00pm
Half day camp: 9:00am-12:00pm

Fees:

Full week \$290
Half day week \$175
Short week \$236

HST is not included in price

Extended hours:

8:00-9:00 am
4:00-6:00 pm
\$10/hr or \$6/30min

Sign up for 4 weeks or more and receive 10% off
Full payment is due at registration
No post dated checks. Check or cash only
No refund after June 15 (Subject to \$35 fee)
Discounts for siblings: \$10%
No application will be processed until full fees are paid
Make your check payable to Toronto Aspirals

Register at

6 Bradwick Drive, Concord, ON L4K 2T3
905-760-002 office.
905-695-0899 gym
905-669-5690-fax
Info@aspirals.ca -e-mail
www.aspirals.ca web site

