MARCH BREAK CAMP 2018

REGISTRATION FORM

905-760-0092	info@aspirals.ca	www.aspirals.ca
Name:	DOB:	

Child's First Name: Child's Last d/m/v Parent/Guardian #1 Full Name: Cell:

E-mail Parent/Guardian #2 Full Name Cell:

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. Late pick up will be charged at \$1/minute.

Parent's Name: Signature: Date:

Wk day s	Camp Dates	Mark the days you will attend	Ext hrs Y/N	Fees
1	Monday, March 12			
2	Tuesday, March 13			
3	Wednesday, March 14			
4	Thursday, March 15			
5	Friday, March 16			

Time: Full day camp: 9:00am-4:00pm

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

Fees:

5-days \$ 290 +HST Daily: \$ 60 +HST Half day \$35 +HST

Extended hours:

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

Full payment is due at registration by cheque (payable to Toronto Aspirals), cash or e-transfer.

Applications will not be processed until payment is received. No post-dated checks. 10% siblings discount

No refund after March 1st (Subject to \$35 fee)

Register at

6 Bradwick Drive, Concord, ON L4K 2T3

905-760-0092-tel 905-669-5690-fax Info@aspirals.ca www.aspirals.ca

