

# SUMMER CAMP 2018

## REGISTRATION FORM

905-760-0092 info@aspirals.ca www.aspirals.ca

Child's First Name:	Child's Last Name:	DOB: d/m/y
Parent/Guardian #1 Full Name:	Cell:	E-mail
Parent/Guardian #2 Full Name	Cell:	E-mail
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. <b>Late pick up will be charged at \$1/minute.</b>		
Parent's Name:	Signature :	Date:

Wk #	Camp Dates	Mark the weeks you will attend	Ext hrs Y/N	Fees
1	July 3-6(short)			
2	July 9-13			
3	July 16-20			
4	July 23-27			
5	July 30-Aug 3			
6	August 7-10(short)			
7	August 13-17			
8	August 20-24			
9	August 27-31			

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

**Fees:**  
Full week \$ 290+HST  
Half day week \$ 175+HST  
Short week \$ 236+HST

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

10% discount when you register for 4 weeks.  
10% siblings discount.

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. No refund after June 15 (Subject to \$35 fee)

### Register at

6 Bradwick Drive, Concord, ON L4K 2T3  
905-760-0092 office  
905-669-5690 fax  
[Info@aspirals.ca](mailto:Info@aspirals.ca)  
[www.aspirals.ca](http://www.aspirals.ca)

