



2017-2018 REGISTRATION FORM

ATHLETE INFORMATION				
Athlete's last name:	First Name:	Date of Birth:	Age:	Gender:
		DD ___ MM ___ YY ___		
OHIP #	Medication/Allergies:	Special Needs:		

REQUESTED RECREATIONAL PROGRAM				
1 st Choice	Program Name:	Day:	Time:	<input type="checkbox"/> Full Year <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2
2 nd Choice	Program Name:	Day:	Time:	<input type="checkbox"/> Full Year <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2
Sibling discount requested? _____ (name/s and program/s)				
Form of Payment:	<input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Payment Option:	<input type="checkbox"/> Full Year (2 payments; First payment up front, one post-dated cheque February 1, 2018) <input type="checkbox"/> Full Year (10 payments; first and last payments up front, 8 post-dated cheques -- October 1 2017 through May 1 2018) <input type="checkbox"/> Single Session (one payment)			

PARENT / GUARDIAN		
Last Name:	First Name:	Relationship to Athlete:
Street address:	City:	Postal Code:
Primary Phone # <input type="checkbox"/> Home; <input type="checkbox"/> Cell; <input type="checkbox"/> _____ ()	Additional Phone # <input type="checkbox"/> Home; <input type="checkbox"/> Cell; <input type="checkbox"/> _____ ()	
Email Address for program updates and notices:	<input type="checkbox"/> I hereby consent to Academy of Sport and Fitness Inc. using the email address/es I have specified on this application, to be in compliance with the Canadian Anti-Spam Legislation (CASL).	

EMERGENCY CONTACT (CONTACT INFORMATION DURING CLASS TIME)		
Emergency Contact	Relationship to Athlete:	Emergency phone number: ()

WAIVER (WAIVER MUST BE SIGNED BEFORE APPLICATION CAN BE PROCESSED)
<p>In consideration of the acceptance of my application and the permission to participate in a program sponsored by Academy of Sport and Fitness Inc., I hereby waive and forever discharge Academy of Sport and Fitness Inc. from all claims, damages, costs, and expenses in respect to injury or damage to my person or property, however caused which may result from my participation in the program. I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined reasonable by a medical attendant. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment and anticipated medical results.</p> <p>Photo Release: I hereby give permission for the Academy of Sport and Fitness Inc. to use my child's picture on its website and promotional materials.</p> <p>Club Policies: I agree to the club policies outlined on the back of this page.</p> <p>Print Name: _____ Signature: _____ Date: _____</p>

FOR OFFICE USE ONLY:	GO# _____	LIST _____	INV _____
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CLUB POLICIES (ACADEMY RECREATIONAL PROGRAMS)

(PLEASE READ AND SIGN AT THE BOTTOM OF THIS PAGE)

Drop Off/Arrival:

1. Please remove all shoes upon entering the facility and place them neatly on the left-hand side of the entrance.
2. Parents/Guardians must come into the facility when dropping off their child(ren), and must supervise the child(ren) until they enter the gym with their coach.
3. Parents/Guardians are not permitted in the gym area. Only one parent per child is allowed in the gym when participating in the Parent & Tot program.
4. A viewing area is available for parents/guardians during their child(ren)'s class. Please be respectful of the space and of others in the viewing area.
5. Children should arrive for class on time. Please arrive no sooner than 10 minutes before the class starting time, as our waiting area space is limited.

Pick Up:

1. Parents/Guardians must arrive on time for pick-up and wait for their child(en) in the viewing area at the end of class (the coach will bring the children to the gym door).
2. Parents/Guardians must supervise their child(ren) from the end of their class until they leave the facility.
3. Children are not permitted to wait for pick-up outside the facility -- parents/guardians must come into the facility to pick up their child(ren).
4. **LATE PICKUP:** In the rare event you are going to be late for pick up, please contact the gym and speak directly with a staff member. Please do not leave voicemail messages or send an email, as coaches do not have access to those. **A late fee will be charged.**

Session Duration, Closures and Class Cancellations:

1. Programs run for 17 classes every session. Pre-planned closures (such as Statutory holidays, Winter Break, on-site competitions) have been accounted for in the sessional planning. Pre-arranged makeup days are listed on the program information sheet. Please check the program information sheet for pre-announced gym closures. Closures due to on-site competitions will be announced on the Recreational Bulletin Board.
2. At its discretion, the Academy may suspend operations (cancel classes) due to inclement weather or unforeseen circumstances/emergencies that do not allow for safe operation of the facility. No makeup classes will be offered in these situations. Should the Academy remain open during inclement weather, attendance is at the parents' discretion.
3. In the event of a cancelled class for a reason not covered under (1) or (2) above, a makeup class will be offered at the Academy's discretion. A list of makeup dates will be posted on the Recreational Bulletin Board.

Missed Classes (Absences):

1. No program credits or refunds will be provided for missed classes (when your child does not attend a class/absent).
2. Makeup opportunities for missed classes are not guaranteed and are subject to availability (ONLY if space permits). Makeup classes must be completed in the same session registered, to a maximum of two (2) classes per child within the 17-week session. Please contact the office to inquire about availability and to arrange a makeup.

Program Payments:

1. The Academy reserves the right to remove a child from a program due to unpaid or habitually late fees.
2. All NSF cheques are subject to a \$30 service charge each.
3. Program fees are prorated from the 3rd week of classes (2nd week for summer classes). Children joining in the 2nd week of classes will pay full fee – a makeup opportunity for the 1st week will be provided ONLY based on availability.

Withdrawal from a Program:

1. If at any time you wish to withdraw your child from a program, please inform the Academy of this request in writing (letter or email) – a 30 days written notice is required. The date of cancellation is the date on which our office received the written notice of cancellation.
2. The withdrawal will take effect 30 days after the date our office received the written withdrawal letter/email. Any unused fees after the withdrawal takes effect will be prorated and refunded, less a \$50 administrative processing fee.

Food and Safety:

1. We strive to be a nut-free environment. Please help us keep it that way. All participants are asked to refrain from bringing in products that contain or may contain nuts and/or nut products. Remember, nut allergies are of the most common food allergies, with potential life-threatening consequences. Please be aware and read the labels carefully.
2. Valuables should remain at home. The Academy will not be responsible for lost or stolen articles.

Signature of Parent(s)/Guardian(s):

Date:
