

Titans Registration Form

Must be completed, signed and submitted with full payment to guarantee registration

Athlete Last Name:	First Name:	Gender:
Age:	Date of Birth:	
Address:	City:	
Postal Code:	Home Ph:	
Parent 1 Name:	Work Ph:	
Parent 2 Name:	Work Ph:	
**Email:		

1 st Desired Class:	Class Gender:	Day:	Time:
2 nd Desired Class:	Class Gender:	Day:	Time:
NS Health Card #		Expiry Date:	
Emergency Contact:		Ph:	
List medical conditions:			

I authorize a certified Titans Instructor to sign for Medical or Hospital attention for my child. As a parent/guardian I will abide by Gymnastics Nova Scotia, Titans policies and Sport Nova Scotia Rules of Fair Play. I acknowledge and accept that all Titans communication will be via email and that I will ensure Titans has current electronic contact information.

Signature _____ Date: _____

Please make cheques payable to "Titans". Post dated cheques must be dated for either the 1st or 20th.

OFFICE USE ONLY			
TERM 1: Start Date		TERM 2: Start Date	
Class Fee _____ Admin Fee _____ Fundraising _____ (Picked up bars \$50 or declined bars \$25) TOTAL _____		Class Fee _____	
Payment	MOP	Date Paid	Receipt # (for cash)