

ALEGRIA Recreational Registration Form
10 Week Program April – June 2010

Gymnast Name: _____

Address: _____ Postal Code _____

DATE OF BIRTH: _____ MEDICAL HEALTH # _____

MOTHER'S NAME: _____ PHONE #: _____
home work

Cell _____ E-mail Address: _____

FATHER'S NAME: _____ PHONE #: _____
home work

Cell _____ E-Mail Address: _____

If parents are unavailable please contact: _____

Phone _____

I, the parent/guardian of _____ chose to enroll her in
ALEGRIA 10 Week Recreational Program and submit full payment of \$120.

Signature _____

Date _____

ALEGRIA The Manitoba Centre for Rhythmic Gymnastics Excellence
Waiver and Release

I, the parent/guardian of _____ certify that my child has
no physical and mental condition that prohibits full participation in ALEGRIA Program.
I know that participation in any physical activity carries with it a risk of physical injury.
In consideration of your acceptance of my child's registration, I state that I will not hold
responsible ALEGRIA The Manitoba Centre for Rhythmic Gymnastics Excellence
or any of its members, volunteers or coaches for any personal injuries, or property loss, or
damage suffered by my child while involved in ALEGRIA activities.

Signature _____

Date _____