



## Registration form

Name .....

Phone no 1.....

Phone no 2.....

Any medical problems or special needs we should know about, please specify.....

School St Louis  Other .....

Please tick your <b>child's class at school</b>	Please tick the <b>time</b> your child will <b>attend gymnastics</b>
Jnr Infants <input type="checkbox"/> Snr Infants <input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> 4th Class <input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Secondary school <input type="checkbox"/>	<u>Saturday</u> 09:45 – 10:30 <input type="checkbox"/> 10:30 – 11:15 <input type="checkbox"/> 11:15 – 12:00 <input type="checkbox"/> 12:00 – 12:45 <input type="checkbox"/> 12:45 – 13:30 <input type="checkbox"/> 13:30 – 14:15 <input type="checkbox"/>  <u>Wednesday</u> (display class - invitation only) 5:30 – 7:00 <input type="checkbox"/>

I hereby grant to Sparta Gymnastics, its employees, agents and assigns, the right to photograph my dependent\s during gymnastics training and/or associated activities, and use the photo and or other digital reproduction of him/her or other reproduction for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I certify that I am a custodial parent or legal guardian and have the aforementioned rights to assign.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Or**

I do not wish my child to be photographed at gymnastics