

Gymnastics BC Associate Member Registration

Registration Year: September 1, 2009 - August 31, 2010

This form must be completed in full to be properly registered.

Date: _____ Renewal New Member

Name of Organization/School: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Phone _____ Fax: _____

E-mail: _____

Program Information

Which of the following gymnastics programs does your organization/school offer or participate in?

Preschool/Daycare Kids CanMove ACRiX x School Field Trip Other: _____

How many teachers/instructors coach your program? Coaches provided by Prince George Gymnastics

How many of those instructors are NCCP certified in gymnastics? All

Is your organization/school interested in the **Kids CanMove** program or workshops on gymnastics from Gymnastics BC?

yes no

Are you using a Gymnastics BC full member club for your activities? yes no

Yes, please specify which club: Prince George Gymnastics

No, please name the club that is providing you with a coach(es): _____

Number of classes attending the facility: _____ Number of participants per class: _____

Total number of participants: _____ (please attach a list of participants)

PLEASE ACKNOWLEDGE YOUR RESPONSIBILITY TO PROVIDE THE FOLLOWING TO YOUR FULL MEMBER CLUB

Must provide copy of this associate membership

Must supply proof of your associations' accident insurance (school groups are exempt from this)

program, name and age/grade of participants)

Must assume responsibility to inform parents/participants of the inherent risk in sport and obtain permission to participate.

Club Representative (print)

Signature

Date

PAYMENT: Please submit \$35.00 with this form Cash Cheque Visa MasterCard

Card #: _____ Expiry Date: _____

Cardholder Name: _____