

Gymnastics BC Associate Member Registration Form

Registration Year: September 1, 2011 - August 31, 2012

This form must be completed in full to be properly registered

Date: _____ Previous Member New Member

Name of Organization/School: _____

Mailing Address: _____

City: _____ Postal: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Program Information (please check all that apply)

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

- Preschool / Daycare Kids CanMove ACRiX
 School Field Trips Other: _____

How many teachers/instructors coach your program? _____

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

Is your organization/school interested in the **Kids CanMove** school program, or workshops on gymnastics from Gymnastics BC? Yes No

Are you using a Gymnastics BC full member club for your activities?

Yes, please specify which club: Prince George Gymnastics Club

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

of classes attending the session(s): _____ # of participants per class: _____

Total number of participants: _____ (please provide a list of participants to the full member club)

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)
 Must supply information for each group/class participant list (organization, contact name, contact info, event date(s), type of 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

Representative (print): _____ Signature: _____

Position: _____ Date: _____

Please Return Completed Form to:

Gymnastics BC
230-3820 Cessna Drive
Richmond, BC V7B 0A2