



**Kalev National Training Centre**  
Head Coach: Svetlana Joukova  
31 Clovis St., Thornhill, ON L4J 8W7  
Tel: (289) 597-1253

**GYMNAST'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE (HOME):** \_\_\_\_\_

**MOTHER'S NAME: CELL#:** \_\_\_\_\_ **OFFICE#:** \_\_\_\_\_

**FATHER'S NAME: CELL#:** \_\_\_\_\_ **OFFICE#:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

### PROGRAM INFORMATION

**TRAINING LEVEL:** PRE-COMP  INTERCLUB  PROV LEVEL  NAT LEVEL

**TRAINING DAYS:** MON.  TUES.  WED.  THURS.  FRI.

**TRAINING LOCATION:** 67 Scarsdale Road  161 Deerhide Crescent

### PAYMENTS ARE ATTACHED AS FOLLOW:

**POST DATED CHEQUES for coaching fees:** Due September 15, dated 1<sup>st</sup> day of each Sept - May (please get fee schedule from Coach)

**ANNUAL MEMBERSHIP FEE (\$60):** Due August 15

**ANNUAL CLUB FEE (\$200):** Due August 15

**ANNUAL VOLUNTEER FEE (\$300):** Due January 15 (Refundable upon met volunteer hours)

**GYMNASTICS ONTARIO ANNUAL REGISTRATION FEE:** Due August 15

(PRE-COMPETITIVE: \$25+HST, INTERCLUB: \$75+HST, PROVINCIAL: \$175+HST, NATIONAL: \$250+HST)

**TERMS AND CONDITIONS:** The applicant (as signified by a parent or guardian on behalf of applicants born in 1985 or later) agrees to save harmless National Gymnastics Centre, its instructors, directors, officers or members there of from any and all claims, actions, or causes of action, costs, expenses, and demands including cost attendant there to on a solicitor and his own client basis, however caused, arising out of or relating to any activity of the applicant taking part or being connected to any activity, whether caused by negligence of any of the parties here to, or their respective agents, officials, servants or representatives: and it is understood and agreed that this agreement is to be binding on the applicant, his heirs, executors and assigns. National Gymnastics Centre agrees to have the applicant insured for all of the Centre's activities through Gymnastics Ontario upon receipt of \$60 in addition to the annual fee.

**DATE:** \_\_\_\_\_ **GYMNAST:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**I am interested in being a part of the Parent Committee:** YES  NO

\* National Senior Group Team members do not pay the fee as they are funded by GCG