



**Taiso Gymnastics Club**  
**610 47<sup>th</sup> St. East, Saskatoon Sk, S7K 5X3**  
**Phone: 664-7030, Email: [info@taiso.ca](mailto:info@taiso.ca)**

Class Choice: Kindergym Class A Class B Class C Class D Trampoline  
Please circle one

Day & Time 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Badge Attained: \_\_\_\_\_ Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Hospitalization #: \_\_\_\_\_ Medical Concerns: \_\_\_\_\_

**I hereby grant to Taiso Gymnastics Club or Gym Sask the right to use photographs; video images or interview quotes of me for the purposes of promoting and/or advertising the benefits of gymnastics training. Taiso or Gym Sask may display the above in print, on television, and on the Internet.**

Childs Name \_\_\_\_\_ Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

Consent for a minor: I am the parent or legal guardian of the minor named above. I approve and affirm this consent on his/her behalf.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Were you registered in the 2010 Winter Session? Yes or No**

**For Office Use Only**

Amount Due	\$ _____	Cheque # _____	Cash receipt # _____
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