



Salto Gymnastics Registration Form

2025 Oak Street, Sherwood Park, Alberta T8A 0W9 Phone (780) 449-1518 Fax (780) 449-0601

INCOMPLETE FORMS WILL RESULT IN DELAYED REGISTRATION

Family Contact Information:

First Name		Last Name	
Address		City	Postal Code
Home Phone Number	Cell Number	E-Mail Address (required for class confirmation)	

Family Members Registration:

1. First Name	Last Name	DOB(M/D/Y)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	AHC #
Known Medical problems or physical impairments:				
1 st Choice Program #	Program Name/Day/Time	Fee + \$20.00 AGF Fee*	Total \$	
		\$		
2 nd Choice Program #	Program Name/Day/Time	Fee + \$20.00 AGF Fee*	Total \$	
		\$		

2. First Name	Last Name	DOB (M/D/Y)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	AHC #
Known Medical problems or physical impairments:				
1 st Choice Program #	Program Name/Day/Time	Fee + \$20.00 AGF Fee*	Total \$	
		\$		
2 nd Choice Program #	Program Name/Day/Time	Fee + \$20.00 AGF Fee*	Total \$	
		\$		

*Alberta Gymnastics Fee required once annually between July 1 – June 30

Emergency Contact Information:

*MUST be a person *other* than the adult listed above. Calls to parent will always be attempted first.

Name	Primary Phone #/Alternate Phone #	Relationship to student
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Payment Information:

Paying by:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Card Holder Name	_____				
Card Number	_____				
Exp Date	____/____	Signature:	_____		

Students will NOT be allowed to participate unless waiver is signed.

Waiver:

Gymnastics, acrobatic, fitness and similar activities, by their nature involve certain elements of risk which involve potential bodily injury. A portion of registration fees paid to the Alberta Gymnastic Federation is allocated for the provision of accident insurance should such injury occur. I acknowledge this element of risk and agree to permit my child to participate. I further consent to the collection, use and disclosure of our personal information according to Salto's information and Privacy Policy (view at www.saltogymnastics.com). Please call 449-1518 if you wish to withhold FOIP consent.

Parent Signature: _____

How did you hear about Salto? Previous Registration RPC Program Guide Word of Mouth Other _____

Office Use Only:

Receipt #: _____	Initial: _____	Add'l notes: _____
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