

## Drop-In Gym Registration Form (athletes must be 14+)

680 Maple Ave Burlington, ON, L7S1M6 burlingtontnt.com

**Phone**: (905)634-0310

GO Payment Date:

Email: admin@burlingtontnt.com

Athlete Information	<u>on:</u>				
First Name:			Last Name:		
Birth Date: Y/	M/	D/	Age:	Male [ ]	Female [ ]
Address:					
City:		Province:		Postal Code:	
Phone Number:					
Email Address:					
Athlete Medical Info	ormation:				
Emergency Contact Name: Number:					
	nastics Onta ebit, Visa, M	rio Insurance I asterCard, AMI	Fee (due upon fii EX	rst visit)	
NOTICE OF WARNII The Burlington T&T along with the Onta that must be followed	Inc. has trie trio Gymnas	ed to create a s tic Federation	afe and controlle has established	ed environment for I rules for participa	participating and ating and conduct
Parent Signature:	X (If athlete	e is under the age c	of 18)	Oate:	· · · · · · · · · · · · · · · · · · ·
Athlete Signature	: <u>X</u>			Date:	· · · · · · · · · · · · · · · · · · ·
		OFFIC	CE USE ONLY		

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