

Gymnastics BC Associate Member Registration

Registration Year: September 1, 2010 - August 31, 2011

This form must be completed in full to be properly registered.

Date: _____ Previous Member New Member

Name of Organization/School: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Phone _____ Fax: _____

E-mail: _____

Program Information

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

Preschool/Daycare Kids CanMove ACRiX School Field Trip 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** program or workshops on gymnastics from Gymnastics BC?

yes no

Are you using a Gymnastics BC full member club for your activities? yes no

Yes, please specify which club: _____

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

Number of classes attending the facility: _____ Number of participants per class: _____

Total number of participants: _____ (please attach a list of participants)

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.

Club Representative (print)

Signature

Date

PAYMENT: Please submit \$35.00 with this form Cash Cheque Visa MasterCard

Card #: _____ Expiry Date: _____

Cardholder Name: _____