

Registration / Application

KALEV ESTIENNE 2022-2023

Applicants Name:					
Date of Birth:	Address:				
City:	Postal Code:				
Mothers Name:	Phone #:				
Fathers Name: Phone #:					
Parent(s) Email:					
	PROGRAM	INFORMATIO	Ν		
Rhythmic Gymnastics (RG)				
Training Level: Develop	mental: Inter-Club:	Provincial:	Nati	onal:	
Aesthetic Group Gymn	astics (AGG)				
Training Level: Develop	mental: Inter-Club:	Provincial:	Nat	ional:	
Training Days: MON:	TUES: WED: _	THURS:	FRI:	SAT:	SUN:
Training Location(s):					
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PAYMENTS ARE ATTACHED AS FOLLOWS

Post-Dated Cheques: Due during the first week of training, dated the 1st day of each month One-Time Club Registration Fee (\$300.00), ODP* club fee (\$200.00): Due during first week of training Gymnastics Ontario Annual Insurance Fees: to be confirmed with coach

1) The applicant (as signed by a parent or guardian on behalf of applicants underage) agrees to save harmless Kalev Estienne, its instructors, directors, officers or members there of form any and all claims, actions, or causes of actions, 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 the agreement is to be binding of the applicant, his heirs, executors and assigns. Kalev Estienne agrees to have the applicant insured for all of the Centre's activities through Gymnastics Ontario upon receipt of the level-appropriate fee.

2) The applicant agrees to receive email messages from the club administration, coaches and class parents (Ref: CASL)

3) The applicant agrees that the athlete's image, likeness, first name, province and city (excluding last name, personal address, phone numbers and email) may be used in publications and on the internet by Kalev Estienne as well as its agents and sponsors. (Ref: PIPEDA)

OUR CONTACTS

T: +1 (905) 889-7889 E: info@kalev.net W: www.kalevestienne.com

60 Doncaster Avenue. Thornhill, ON. L3T 1L5

Date: Applicant:

Parent/Guardian: _____