



**Vertical Zone  
Trampoline Centre**

361 King Street, Unit 7  
Barrie, Ontario L4N 6B5  
(705) 794-JUMP (5867)  
contact@verticalzone.ca

**Rec. Class Registration Form**

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

AGE GROUP: 5-  5-8  8-12  12-15  15-18  18+

BIRTH DATE: \_\_\_\_\_ Male  Female

PARTICIPANT'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

MAIN TEL. #: \_\_\_\_\_ ALT. TEL. # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Would you like to be included in our email list? YES  NO

PLEASE LIST 3 PEOPLE WHO HAS PERMISSION TO PICK UP YOUR CHILD FROM CLASSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please note that if there will be anyone other than those listed above picking up your child, you will need to notify staff ahead of time.

WE ARE REQUESTING YOUR PERMISSION TO ALLOW US TO TAKE PHOTOGRAPHS OF THE PARTICIPANT TO BE USED FOR ADVERTISING PURPOSES ON FLYERS, WEBSITE, ETC.

INITIAL: \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (if under the age of 18) \_\_\_\_\_

