

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: T	IME:
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:	
	ALT. TEL. #
E-MAIL:	remail list? YES □ NO □
PLEASE LIST 3 PEOPLE WHO HA	S PERMISSION TO PICK UP YOUR CHILD FROM CLASSES:
*Please note that if there will be any need to notify staff ahead of time.	one other than those listed above picking up your child, you will
	RMISSION TO ALLOW US TO TAKE PHOTOGRAPHS OF THE ADVERTISING PURPOSES ON FLYERS, WEBSITE, ETC.
PARTICIPANT'S SIGNATURE	
PARENT/GUARDIAN SIGNATURE	(if under the age of 18)

FOR OFFICE USE ONLY

Season: Session #: Class Day & Time Registration Date Waiver Form Reg in spread sheet Athlete in POS	
Class Day & Time Registration Date Waiver Form Reg in spread sheet	
Registration Date Waiver Form Reg in spread sheet	
Waiver Form Reg in spread sheet	
Reg in spread sheet	
Athlete in POS	
Total (\$)	
DEPOSIT	
Amount (\$)	
Cash/Debit #	
Deposit Date	
Balance Owing (\$)	
FULL PAYMENT or BALANCE OWING	
Amount (\$)	
Cash/Debit #	
Full Payment Date	
GO Information	
Process in QB	
Reg. in Uplifter	\neg