

# The GymSkills Program

4852 Vandorf Sideroad, Stouffville, Ont., L4A 7X5 Tel: (416) 771 - 2217

## Application Form 2008-09

CHILD'S NAME \_\_\_\_\_  
FIRST LAST

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

DAYTIME PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_ NIGHTTIME PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_

EMERGENCY NAME & PHONE NUMBER \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE RATE YOUR CHILD'S PHYSICAL ABILITIES: VERY POOR \_\_\_\_ POOR \_\_\_\_ AVERAGE \_\_\_\_ GOOD \_\_\_\_ VERY GOOD \_\_\_\_

IF YOUR CHILD HAS A MEDICAL INDICATION (E.G. ASTHMA), HEALTH NEEDS (E.G. DISLOCATES JOINTS EASILY), OR A DISABILITY, PLEASE GIVE A BRIEF DESCRIPTION:

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**CLASS TIMES: PLEASE INDICATE YOUR FIRST THREE CHOICES IN ORDER OF PREFERENCE - 1, 2, 3.**

SUNDAY: 9:00 \_\_\_\_ 10:05 \_\_\_\_ 11:10 \_\_\_\_ 12:15 \_\_\_\_

**Children will be registered when payment accompanies application.  
Please make cheques payable to Laura Hunter's STEPS Programs**

**We do not issue refunds for any reason once classes have started.**

**Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_**