

# Laura Hunter's S.T.E.P.S. Programs Inc.

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

## Xceptional Biking 2010 Application Form

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

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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PLEASE DESCRIBE YOUR CHILD'S CURRENT RIDING LEVEL IE. WHAT TYPE OF BIKE, TRAINING WHEELS ETC.

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

Class availability is subject to enrollment

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

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

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

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