ALBERTA GYMNASTICS FEDERATION

DROP-IN/BIRTHDAY PARTY

PROGRAM REGISTRATION FORM

To be submitted Quarterly
September 30th /December 31st /March 31st /June 30th

CHILDREN/YOUTH/ADULT PROGRAMS

Club: _____ **Program:** _____
(eg: Drop-in/Birthday)

PARTICIPANT'S NAME
Please Print

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****Please refer to your AGF Communications Binder for Specific insurance coverage****

***Excel spreadsheet with all above information listed is also acceptable**