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www.celestinapopagymnastics.com

Temporary registration form Sep 2021-Dec 2021

Child's Full Name _____

Birthdate (YY/MM/DD) _____ Age _____ M/F ,

Address _____ City _____

Postal Code _____

Medical condition/Allergies _____

Email required _____

Parent/Guardian _____ Relationship _____

Parent/Guardian cell required _____

Signature of Parent/Guardian _____

Date _____

For office use : paid _____
