



## Whistler Gymnastics Club Interclub/Competitive Statement of Financial Commitment

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I am aware that I'm registering my child for a 10-month program and payment is required for the full program.

I acknowledge that after Sept 30, 2017, refunds are only available for medical reasons and require a doctor's note.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_