

APPLICATION (Please Print)

Campers Name:

1. _____

2. _____

Date of Birth

Gender

1. _____

2. _____

Parent(s) Name:

Address: _____

Tel. Cell: ____ (____) _____

Tel. Other: ____ (____) _____

My child can be picked up by:

(ID will be required)

Emergency Contact:

Name: _____

Phone #: _____

Medical conditions/Allergies:

MY CHILD NEEDS ASSISTANCE WHEN USING THE RESTROOM

I have read and am signing the "Release and Waiver"

I understand that there are no transfer of days or refunds.

PARENT/GUARDIAN SIGNATURE

DATED: _____



**EMAIL FORMS TO:
CAITLIN @WBGYMNASTICS.COM**

NO WALK-INS

**SPOTS WILL NOT BE HELD
WITHOUT PAYMENT.
NO TRANSFERS, CREDITS OR
REFUNDS IN THE CAMP PROGRAM.**



Release and Waiver

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Revised: 5/26th **2020**

In consideration of participating in various activities at WEST BROWARD GYMNASTICS I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue WEST BROWARD GYMNASTICS, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the RELEASEES herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force.

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minors experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minors account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minors behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I understand that there are no transfers or refunds of payments for any activity or purchases regarding West Broward Gymnastics.

An inherent risk of exposure to COVID-19 exists in any public place and Gym where people are present. This virus is an extremely contagious disease that can lead to severe illness and death. By visiting this gym and participating in activities you recognize and agree that you are voluntarily assuming all risks related to the exposure to COVID-19 and that you waive any cause claim suit or action against the gym for injuries or damages resulting therefrom.

**409 SW 136th Avenue
Davie, FL 33325**

TEL: (954) 382-1767

FAX: (954) 382-1769

www.wbgymnastics.com

**FACEBOOK: West Broward
Gymnastics Academy**

WEEKLY PRICING

	1/2 DAY 9-12:30 (AM) OR 1:30-5 (PM)	FULL DAY 9-5
5 day	\$ 140.00	\$ 215.00
3 day	\$ 90.00	\$ 135.00
1 day	\$ 35.00	\$ 55.00

EXTENDED HOURS

8-9 am 5-6 pm
(Except Friday pm's)

\$ 8.00 / Hour
\$ 63.00 / Week

Camp day ends at 5pm. If you pick your child up after 5:15, and you have not already pre-paid for extended care, you will be billed \$10 per 15 minutes you are late.

LUNCHES & SNACKS

Campers should pack their own lunch with 2 snacks and sufficient drinks. Pizza (lunch) can be purchased on a daily basis for \$ 1.50/slice (FULL DAY ONLY)

REGISTRATION & PAYMENT

A completed registration form if not a current student. \$ 10 registration fee per student if not a registered student. Camp must be pre-paid in full.

Payment is non-refundable and non-transferable. Selected days may not be transferred once payment is received.

**EMAIL FORMS TO:
CAITLIN@WBGYMNASTICS.COM**

PLEASE CIRCLE APPROPRIATE DAYS AND TIMES

1/2 DAY **FULL**
9-12:30 OR 1:30-5 9-5

10. Mon. August 10th	Tuesday August 11th	Wednesday August 12th	Thursday August 13th	Friday August 14th
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM x

11. Mon. August 17th	Tuesday August 18th	Wednesday August 19th	Thursday August 20th	Friday August 21st
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

Monday	Tuesday	Wednesday	Thursday	Friday
H F	H F	H F	H F	H F
AM - PM	AM - PM	AM - PM	AM - PM	AM - PM

EXTENDED CARE AM (8-9) / PM (5-6)

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x

Monday	Tuesday	Wednesday	Thursday	Friday No PM
AM - PM	AM - PM	AM - PM	AM - PM	AM x



WEST BROWARD
Gymnastics Academy

409 SW 136th Avenue – Davie – Florida – 33325
Tel: 954.382-1767/8 Fax: 954. 382-1769
www.wbgymnastics.com

**CAMP 2020
CREDIT CARD AUTHORIZATION FORM**

PRINT

Date: _____, 2020__

**I UNDERSTAND THAT THERE ARE NO REFUNDS, TRANSFERS OR
CHANGES FOR CAMP.
I AUTHORIZE MY CREDIT CARD TO BE RUN FOR PAYMENT AGAINST
THE DAY(S)/WEEK(S) THAT I HAVE SIGNED UP FOR.**

ATHLETE NAME: _____

NAME ON CARD: _____

PRINT

TYPE OF CARD

CREDIT CARD NUMBER

4 or 3 Digit CID

Exp. Date

Billing Zip Code

Credit Card Authorized Signature

VALID FOR CAMP 2020. ALL FORMS WILL BE SHREDDED AT THE CONCLUSION OF CAMP.