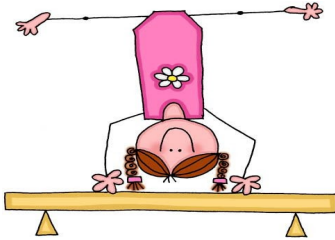


Session 5 (CV)
(8 week Session)

CLOSED FOR LABOR DAY—Sept. 7th
Mon. Aug. 31st—Sat. Oct. 24th, 2020

		<u>8 WK RATE</u>
45 min	1 x week	\$ 152
	2 x week	\$ 232
55 min	1 x week	\$ 176
	2 x week	\$ 280
	3 x week	\$ 344
1.5 hr	1 x week	\$ 224
	2 x week	\$ 344
	3 x week	\$ 416
2 hr	1 x week	\$ 264
	2 x week	\$ 400



USAG Monthly Rates

T E A M

SEE FRONT DESK

Private Lessons

(Paid in Cash at front desk before commencing)

1 Student	\$ 60
2 Students	\$ 80
3 Students	\$ 100

Session 5 (CV)

Mon. Aug. 31st to
Sat. Oct. 24th, 2020
(8 week Session)

CLOSED FOR LABOR DAY
(Mon. Sept. 7th)



As Broward County Schools re-open, we will adapt our program accordingly.

Until the Town of Davie Ordinance for COVID-19 is amended, NO PARENTS are allowed in the building.

COACHING ASSIGNMENTS ARE SUBJECT TO CHANGE.

Reliant on enrollment numbers, Class schedule is subject to change.



409 SW 136th Avenue
Davie, FL 33325

2020 Registration \$ 18

Sept. — Dec. 31st, 2020

(\$50/annum)

REGISTRATION

Current students in the session have priority sign-ups during the 2nd to last week of the session. During the last week, registration is open to the public.

Classes fill up quickly! **Save your spot.**

Session and registration are pre-paid. We accept cash, checks, Amex, Visa and Master cards. No payments will be taken over the phone. **No spots will be saved without payment.**

In Hurricane situations, WBGA follows Broward County Public School closures.

Tel: 954-382-1767

WWW.WBGYMNASTICS.COM

Updated: 9/2/2020

As Broward County Schools re-open, we will adapt our program accordingly.

Until the Town of Davie Ordinance for Covid-19 is amended, NO PARENTS are allowed in the building.

PRE-SCHOOL PROGRAM

	MON	TUES	WED.	THUR	FRI.	SAT.
45 min Ind. 2/3			4:00			
45 min 3/4 yrs		3:00	4:30	3:30		
55 min 4/5 yrs		4:00 5:30	3:00 5:00	5:00		



Tel: 954-382-1767



409 SW 136th Avenue
Davie, Fl. 33325
www.wbgymnastics.com

**WE RESERVE THE RIGHT
TO REFUSE SERVICE.**

Session 5 (CV)

(8 week Session)

Mon. Aug. 31st—Sat. Oct. 24th, 2020

CLOSED FOR LABOR DAY—Sept. 7th

Developmental

	MON	TUE	WED	THU	FRI	SAT
Beginner 5-7 yrs 55 min		3:30 5:00	3:30 5:30	3:30 4:30 5:30		
Beginner 8+ yrs 55 min		5:00	5:30	6:00		
Int Bronze & Silver 5-7 yrs. 1 hr 25min			4:00			
Int Bronze & Silver 8+ yrs. 1 hr 25min		5:30	5:00	4:30		
PRE-TEAM 1 hr 25min		4:00		4:30		INVITE ONLY

We will be adding additional days
& classes as the program requires.

Tumbling

	MON	TUE	WED	THU	FRI	SAT
Int./Adv. 1 hr 25min						

Boys

	MON	TUE	WED	THU	FRI	SAT
BEG 5+ 55 min		4:30				

2020 Registration: \$18
Sept. — Dec. 31st, 2020

10% sibling discount in same session on tuition.
Tuition and registration are **NON-REFUNDABLE**
and **NON-TRANSFERABLE**.
New students may join any time
during the session and will be pro-rated.

MAKE-UPS MUST BE MADE WITHIN THE
CURRENT SESSION & MUST BE SCHEDULED
AT THE FRONT DESK. MAKE-UP CLASSES ARE
LIMITED TO TWO (2) PER SESSION AND ARE
SUBJECT TO AVAILABLE SPACE. MAKE-UPS
MUST BE SCHEDULED AT LEAST 24 HOURS IN
ADVANCE. THERE WILL BE NO RESCHEDULING IF
YOUR CHILD DOES NOT SHOW UP/ CANCELS THE
MAKE UP. YOU MAY SWITCH THE CLASS YOU
SIGNED UP FOR ONE (1) TIME DURING THE SESSION.

COVID-19 procedures:

Drop off/pick-up only.
No parents permitted in the lobby.
Drop off: Front Entrance
(North side of Building)
Pick up: Double glass sliding doors
on 136th
(East side of Building)
Coaches will return athletes to a
parent when the class is over.

Temperatures will be taken prior
to entering the facility.

Athletes are required to wear a mask
upon entering and exiting the building.
Gaiters are preferred. Athletes are not
required to wear a mask once class starts.

6 Athletes per class.

**We will adapt our program as
the Town of Davie Ordinance
for COVID-19 is amended.**

2020

WEST BROWARD GYMNASTICS ENROLLMENT AGREEMENT (WBG)

In consideration of participating in various activities at WBG 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 WBG, 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 and effect.

PARENTAL CONSENT

AND I, the minors 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.

PRINT

(circle one)

RECREATIONAL / TRIAL /PRIVATE

STUDENT NAME: _____
First M. Last

DATE OF BIRTH: _____ AGE: _____
Month Day Year

PARENTS NAME: _____
#1 #2

HOME ADDRESS: _____
City: _____ State _____ Zip Code: _____

#1 CELL: (____) _____ #2 CELL: (____) _____

OTHER: (____) _____

E-MAIL: _____

SPECIAL NEEDS / HEALTH CONDITIONS: _____

I give permission to put pictures of my daughter/son on the WBG SOCIAL MEDIA SITES _____ YES _____ NO

PRIMARY MEDICAL INSURANCE CARRIER: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ Dated: _____
(signature covers waiver)

WEST BROWARD GYMNASTICS ACADEMY
409 SW 136th, DAVIE, FL 33325
(954) 382-1767