

APPLICATION (Please Print)

Campers Name:

1. _____

2. _____

Date of Birth

Gender

1. _____

2. _____

Parent(s) Name:

Address: _____

Tel. Home: __ (____) _____

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: _____



**Mon. March 16–
Fri. March 27th, 2020**

**2 WEEK
CAMP**



Release and Waiver

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

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 and effect.

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	FULL DAY 9-4
5 day	\$ 135.00	\$ 210.00
3 day	\$ 85.00	\$ 130.00
1 day	\$ 30.00	\$ 50.00

EXTENDED HOURS

8-9 am 4-5 pm
(Except Friday pm's)

\$ 7.00 / Hour
\$ 54.00 / Week

Camp day ends at 4pm. If you pick your child up after 4:15, 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.

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.

No walk-ins accepted

PLEASE CHECK APPROPRIATE DAYS AND TIMES

1/2 DAY 9-12:30	FULL 9-4	EXT. am/pm
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Monday _____	_____	_____am / _____pm
March 16th, 2020		
Tuesday _____	_____	_____am / _____pm
March 17th, 2020		
Wednes. _____	_____	_____am / _____pm
March 18th, 2020		
Thursday _____	_____	_____am / _____pm
March 19th, 2020		
Friday _____	_____	_____am / X
March 20th, 2020		
Monday _____	_____	_____am / _____pm
March 23rd, 2020		
Tuesday _____	_____	_____am / _____pm
March 24th, 2020		
Wednes. _____	_____	_____am / _____pm
March 25th, 2020		
Thursday _____	_____	_____am / _____pm
March 26th, 2020		
Friday _____	_____	_____am / X
March 27th, 2020		



OFFICE USE ONLY

Registration: _____
TOTAL _____

