

**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"

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATED: \_\_\_\_\_



# WINTER CAMP

Mon. Dec. 24th– Fri. Dec. 28th, 2018

Mon. Dec. 31st – Fri. Jan. 4th, 2017

**CLOSED**

TUESDAY DEC. 25TH

TUESDAY JAN. 1ST



## SPOTS WILL NOT BE HELD WITHOUT PAYMENT

409 SW 136th Avenue  
Davie, FL 33325  
TEL: (954) 382-1767  
FAX: (954) 382-1769  
www.wbgymnastics.com  
FACEBOOK: West Broward  
Gymnastics Academy

### 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.



## PRICING

	1/2 DAY 9-12:30	FULL DAY 9-4
4 day	\$ 110.00	\$ 180.00
3 day	\$ 85.00	\$ 130.00
1 day	\$ 30.00	\$ 50.00

### EXTENDED HOURS

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

\$ 6.00 / Hour

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 \$5 per 10 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.

PAYMENTS ARE NON-REFUNDABLE  
AND NON-TRANSFERABLE.

No walk-ins accepted

## PLEASE CHECK APPROPRIATE DAYS AND TIMES

	1/2 DAY 9-12:30	FULL 9-4	EXT. am/pm
Monday 12/24/18	_____	_____	_am_/_X_
Tuesday 12/25/18	<b>CLOSED</b>		
Wednes. 12/26/18	_____	_____	_am_/_pm_
Thursday 12/27/18	_____	_____	_am_/_pm_
Friday 12/28/18	_____	_____	_am_/_X_
Monday 12/31/18	_____	_____	_am_/_X_
Tuesday 1/1/19	<b>CLOSED</b>		
Wednes. 1/2/19	_____	_____	_am_/_pm_
Thursday 1/3/19	_____	_____	_am_/_pm_
Friday 1/4/19	_____	_____	_am_/_X_

## OFFICE USE ONLY

Monday	_____
Tuesday	<b>CLOSED</b>
Wednes.	_____
Thursday	_____
Friday	_____
Monday	_____
Tuesday	<b>CLOSED</b>
Wednes.	_____
Thursday	_____
Friday	_____

Registration: \_\_\_\_\_

TOTAL \_\_\_\_\_

