

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: _____



WINTER CAMP

Mon. Dec. 21st – Thur Dec. 24th, 2020
Mon. Dec. 28th – Thur Dec. 31st, 2020

CLOSED

Friday, Dec. 25th
Friday, Jan. 1st, 2021



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

Revised: 10/30th 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 releases 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 releases 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.



WEEKLY PRICING

	1/2 DAY 9-12:30	FULL DAY 9-4
5 day	\$ 160.00	\$ 235.00
4 day	\$ 135.00	\$ 200.00
3 day	\$ 100.00	\$ 145.00
1 day	\$ 35.00	\$ 55.00

EXTENDED HOURS

8-9 am 4-5 pm

(PM CARE AVAILABLE
MON., TUES. AND WED. ONLY)

\$ 8.00 / 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 \$10 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 12/21/20	_____	_____	_am_/_pm_
Tuesday 12/22/20	_____	_____	_am_/_pm_
Wednes. 12/23/20	_____	_____	_am_/_pm_
Thursday 12/24/20	_____	_____	_am_/_X_
Friday 12/25/20	CHRISTMAS DAY Closed		
Monday 12/28/20	_____	_____	_am_/_pm_
Tuesday 12/29/20	_____	_____	_am_/_pm_
Wednes. 12/30/20	_____	_____	_am_/_pm_
Thursday 12/31/20	_____	_____	_am_/_X_
Friday 1/01/21	NEW YEAR'S DAY Closed		

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 camp is over.

Temperatures will be taken prior to
entering the facility.

Athletes are required to wear a mask
upon entering and exiting the building.
Should the Athlete desire, they are not
required to wear a mask once camp starts.

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

