

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 in the camp program.

PARENT/GUARDIAN SIGNATURE

DATED: _____ 2026__



**Mon. March 16th –
Fri. March 20th, 2026**

**1 WEEK
CAMP**

Ages: 4-12 yrs

CAMP ELIGIBILITY

Current Recreational Student: 3+ = Half Day only
(Must be fully toilet trained)

Current Recreational Student: 4+ = Full Day

Non-Recreational student: Start at 4+ = Half or Full Day



**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.



WEEKLY PRICING

	1/2 DAY 9-12:30	FULL DAY 9-4
5 day	\$ 190.00	\$ 290.00
3 day	\$ 130.00	\$ 190.00
1 day	\$ 45.00	\$ 75.00

EXTENDED HOURS

8-9 am
(Except Friday pm's)

PAID IN ADVANCE
\$ 15.00 / Hour
\$ 65.00 / Week (5Hrs)

Camp day ends at 4pm. If you pick your child up after 4:10 you will be billed \$10 per 15 minutes you are late.

LUNCHES & SNACKS

Campers should pack their own lunch with sufficient snacks and drinks. Pizza (lunch) can be purchased on a daily basis for **\$ 2.50/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 (No Lunch)	FULL 9-4	EXT. am/pm
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Monday	_____	_____	_am_
	March 16th, 2026		
Tuesday	_____	_____	_am_
	March 17th, 2026		
Wednes.	_____	_____	_am_
	March 18th, 2026		
Thursday	_____	_____	_am_
	March 19th, 2026		
Friday	_____	_____	_am_
	March 20th, 2026		



Drop off/pick-up only.
No parents permitted in the lobby.

Drop off: Front Entrance
(North side of Building—yellow floor)

Pick up: Double glass sliding doors on 136th
(East side of Building)

Coaches will return athletes to a parent when the camp is over.

NO socks or sneakers.
Sandals/flip-flops preferred.

Administration only:

Camp: \$ _____
Am/Pm Care: \$ _____
Registration: \$ _____

TOTAL _____

