

APPLICATION (Please Print)

Campers Name:

1. _____

2. _____

Date of Birth

Gender

1. _____

2. _____

Parent(s) Name: _____

Address: _____

E-mail: _____

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, make-up days or refunds.

PARENT/GUARDIAN SIGNATURE

DATED: _____, 2026



**Mon. June 8th -
Fri. July 31st, 2026**

8 Week Program

**Camp forms should be submitted
2 weeks prior to week(s) selected
with full payment. NO walk-ins.**

**This does not guarantee that
camp will not be sold out.**

**SPOTS WILL NOT BE HELD WITHOUT PAYMENT.
NO TRANSFERS, CREDITS OR
REFUNDS IN THE CAMP PROGRAM.
No make-up days for missed camp days.**

CAMP ELIGIBILITY

Current Recreational Student: 3+ = Half Day only
(Must be fully toilet trained—no lunch)
Current Recreational Student: 4+ = Full Day



Release and Waiver

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

Revised: 3/26th 2026

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.

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.

**409 SW 136th Avenue
Davie, FL 33325
TEL: (954) 382-1767
FAX: (954) 382-1769**

www.wbgymnastics.com

**FACEBOOK: West Broward
Gymnastics Academy**

**PLEASE CIRCLE APPROPRIATE
DAYS AND TIMES**

1/2 DAY
9-12:30

FULL
9-4

WEEKLY PRICING

	1/2 DAY 9-12:30	FULL DAY 9-4
5 day	\$ 200.00	\$ 310.00
3 day	\$ 135.00	\$ 200.00
1 day	\$ 55.00	\$ 80.00

EXTENDED HOURS

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

PAID IN ADVANCE
\$ 15.00 / Hour
\$ 120.00 / Week (9 Hrs)

There are NO make-up days for missed camp days. 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 sufficient snacks and drinks.
\$ 2.50 slice of pizza

REGISTRATION & PAYMENT

A completed registration form if not a current student. **\$ 20** 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

**EXTENDED CARE
AM (8-9) / PM (4-5)**

1. Monday June 8th	Tuesday June 9th	Wednesday June 10th	Thursday June 11th	Friday June 12th
H F	H F	H F	H F	H F

2. Monday June 15th	Tuesday June 16th	Wednesday June 17th	Thursday June 18th	Friday June 19th
H F	H F	H F	H F	H F

3. Monday June 22nd	Tuesday June 23rd	Wednesday June 24th	Thursday June 25th	Friday June 26th
H F	H F	H F	H F	H F

4. Monday June 29th	Tuesday June 30th	Wednesday July 1st	Thursday July 2nd	Friday July 3rd
H F	H F	H F	H F	H F

5. Monday July 6th	Tuesday July 7th	Wednesday July 8th	Thursday July 9th	Friday July 10th
H F	H F	H F	H F	H F

6. Monday July 13th	Tuesday July 14th	Wednesday July 15th	Thursday July 16th	Friday July 17th
H F	H F	H F	H F	H F

7. Monday July 20th	Tuesday July 21st	Wednesday July 22nd	Thursday July 23rd	Friday July 24th
H F	H F	H F	H F	H F

8. Monday July 27th	Tuesday July 28th	Wednesday July 29th	Thursday July 30th	Friday July 31st
H F	H F	H F	H F	H F

1. Monday June 8th	Tuesday June 9th	Wednesday June 10th	Thursday June 11th	Friday No PM
AM-PM	AM — PM	AM — PM	AM — PM	AM x

2. Monday June 15th	Tuesday June 16th	Wednesday June 17th	Thursday June 18th	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x

3. Monday June 22nd	Tuesday June 23rd	Wednesday June 24th	Thursday June 25th	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x

4. Monday June 29th	Tuesday June 30th	Wednesday July 1st	Thursday July 2nd	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x

5. Monday July 6th	Tuesday July 7th	Wednesday July 8th	Thursday July 9th	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x

6. Monday July 13th	Tuesday July 14th	Wednesday July 15th	Thursday July 16th	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x

7. Monday July 20th	Tuesday July 21st	Wednesday July 22nd	Thursday July 23rd	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x

8. Monday July 27th	Tuesday July 28th	Wednesday July 29th	Thursday July 30th	Friday No PM
AM — PM	AM — PM	AM — PM	AM — PM	AM x