

Participate Information

First Name :	Last Name:				
Age:	Birthdate dd/mm/year:				
	Direitaite ad, inni year.				
Home Address:					
City:	Postal Code:				
Phone (Mom):	Phone (Dad):				
Emergency Contact					
Name:	Phone:				
Health Conditions?Yes / NoIf YES, please explain:					

PARTICIPANT RELEASE AND WAIVER

I have been advised and I understand that: (a) there is a risk of injury associated with participation in the instructional programs/activities at Woodbridge Gymnastics; (b) There will be no make-up classes for any reason (ie. illness, vacations, school/ family functions etc.),; (c) NO REFUNDS will be given out after the SECOND class (Unless medical certificate is provided); and (d) Woodbridge Academy of Gymnastics reserves the right to cancel classes due to extreme weather conditions without a make-up class. I HAVE READ AND UNDERSTOOD THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE TO THE POLICIES AT WOODBRIDGE GYMNASTICS

Parent Signature:

Date:___

* Please note there will be a \$25.00 charge for all NSF Cheques

Early Drop-off 8:30 - 9:00am

*Gym activities begin at 9:00 am

Half Day Pick by 12:00pm

Full Day Pick up between 4:30 – 5:00pm

Camp Prices:

Half Day - \$55.00 Full Day - \$85.00

An additional \$40.00 Gymnastics Ontario fee is applied for new athletes

	М	Т	W	ТН	F	Cost	Paymen
Week 1:							
December 27 th -29 th , 2023							
Week 2:							
January $2^{nd} - 5^{th}$, 2024							