



## March Break Camp Registration Form

### Participate Information

First Name :	Last Name:
Age:	Birthdate dd/mm/year:
Home Address:	
City:	Postal Code:
Mother Name:	Father Name:
Phone:	Phone:
Email Address (mandatory):	
Emergency Contact Name:	Phone:
Health Conditions?    Yes / No If 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: \_\_\_\_\_

**Camp Hours:**

**Early Drop-off For Morning/Full Day between 8:30 - 9:00am**

*\*Gym activities begin at 9:00 am*

**Morning Half Day Pick by 12pm**

**Afternoon Half Day/Full Day Pick up between 4:30 – 5:00pm**

**Camp Prices:**

Half Day - \$55.00

Full Day - \$85.00

-----Office Use Only-----

	M	T	W	T	F	Cost	Payment
Monday March 11 <sup>th</sup> - Wednesday March 13 <sup>th</sup> , 2024				X	X		