



Winter Break Registration Form

Participate Information

First Name :	Last Name:
Age:	Birthdate dd/mm/year:
Home Address:	
City:	Postal Code:
Phone (Mom):	Phone (Dad):
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: _____

* 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

Office Use Only

	M	T	W	TH	F	Cost	Payment
Week 1: December 23 rd and/or December 27 th							
Week 2: December 30 th , January 2 nd , and/or January 3 rd							