



# Summer Classes

Westchester Gymnastics

JUNE 27 through AUGUST 14, 2011

The Gym is CLOSED the week of July 2 - July 10, 2011

Day	Time	Age	Amount	Weeks
Tuesday	10:00 - 10:45	18 months - 3 yrs.	\$144.00	6 weeks
Tuesday	11:00 - 11:45	4 yrs. - 5 yrs.	\$150.00	6 weeks
Tuesday	3:00 - 3:45	4 yrs. - 5 yrs.	\$150.00	6 weeks
Wednesday	5:30 - 6:30	5 yrs. - 7 yrs.	\$162.00	6 weeks
Wednesday	6:30 - 8:00	8 yrs. - 15 yrs.	\$192.00	6 weeks
Thursday	10:00 - 10:45	3½ yrs. - 4 yrs.	\$144.00	6 weeks
Thursday	11:00 - 11:45	4 yrs. - 5 yrs.	\$150.00	6 weeks
Thursday	3:00 - 3:45	4 yrs. - 5 yrs.	\$150.00	6 weeks
Saturday	9:30 - 10:15	18 months - 4 yrs.	\$144.00	6 weeks
Saturday	10:15 - 11:15	5 yrs. - 7 yrs.	\$162.00	6 weeks

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

### Payment Policy

Semester dues will be pro-rated based on the date of enrollment. For any second child joining the program, a 5% discount will be given on the lesser tuition.

I understand that I am registering my child(ren) at Westchester Gymnastics for a session of classes. I am also aware that should my child(ren) not complete the session I am still responsible for the full payment. Please make any payments to Westchester Gymnastics, 5 Skyline Drive, Hawthorne, NY 10532 (914)592-92324 Fax (914)592-0204.

I understand that if payments are not received by Westchester Gymnastics within 10 days of their respective due date, a \$10.00 late charge will be assessed, and that a \$25.00 fee will be assessed against any returned checks.

**\*NO REFUNDS AFTER 2nd CLASS.**

**PLEASE RETURN REGISTRATION FORM WITH A NON-REFUNDABLE \$35.00 REGISTRATION FEE BY JUNE 1, 2011**

Child's Name: \_\_\_\_\_

Parent/Gaurdians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER AND RELEASE FORM

I fully understand that the Westchester Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Westchester Gymnastics staff members to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff members to seek medical help, or call a doctor, including transportation by a Westchester Gymnastics staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or calling of an ambulance for said child should the Westchester Gymnastics staff deem this to be necessary.

Child's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We, the staff of Westchester Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazzards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. I also understand that it is the parents responsibility to warn the child about the dangers and injury. The parent should warn the child according to what the parent feels is appropriate. Westchester Gymnastics will only warn the child through safety messages, and our teaching style and progressions.

Westchester Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the coarse of gymnastics, tumbling, dance, cheerleading, open workouts, or in the coarse of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from any event.

With the above in mind, I am fully aware of and appreciate the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with the participant in Gymnastics, Tumbling, and Cheerleading activities and events.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accidental insurance coverage which I consider adequate for both my child's protection and my own protection. I hereby verify by my participate in any activities at Westchester Gymnastics, Inc.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

5 Skyline Drive, Hawthorne, NY 10532  
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www.westchestergymnastics.org

