



Westchester Gymnastics

SUMMER CAMP 2010

9 WEEKS OF FULL OR HALF DAYS
MONDAY THROUGH FRIDAY



YOU MAY CHOOSE TO ATTEND ANY NUMBER OF WEEKS:

WEEKLY FEES: HALF DAY 9am - 12:00 noon FULL DAY 9am - 3:30 pm

WEEK #1	JUNE 28 - JULY 1	Half Day Fee: \$192.00	Full Day Fee: \$240.00
GYM CLOSED	JULY 2 - 6		
WEEK # 2	JULY 7 - 9	Half Day Fee: \$144.00	Full Day Fee: \$180.00
WEEK # 3	JULY 12 - 16	Half Day Fee: \$240.00	Full Day Fee: \$300.00
WEEK #4	JULY 19 - 23	Half Day Fee: \$240.00	Full Day Fee: \$300.00
WEEK #5	JULY 26 - 30	Half Day Fee: \$240.00	Full Day Fee: \$300.00
WEEK #6	AUG 2 - 6	Half Day Fee: \$240.00	Full Day Fee: \$300.00
WEEK #7	AUG 9 - 13	Half Day Fee: \$240.00	Full Day Fee: \$300.00
WEEK #8	AUG 16 - 20	Half Day Fee: \$240.00	Full Day Fee: \$300.00
WEEK # 9	AUG 23 - 27	Half Day Fee: \$240.00	Full Day Fee: \$300.00

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: _____

Half Days: Week #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____ #9 _____

Full Days: Week #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____ #9 _____

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 payable to Westchester Gymnastics, 5 Skyline Drive, Hawthorne, NY 10532 (914) 592-2324 Fax: 914-592-0204.

I understand that if payments are not received by Westchester Gymnastics within 5 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 BY JUNE 1, 2010

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

(914) 592-2324 • Fax: (914) 592-0204

www.westchestergymnastics.org