

Half Single
Day Fee
\$70.00

SUMMER CAMP 2021

Full Single
Day Fee
\$85.00

No Walk-Ins!!

Ages 5 and up

You May Choose to Attend Any Number of Weeks:

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

	Half Day Fee	Full Day Fee
WEEK # 1 June 28-July 1	\$240.00	\$288.00
WEEK # 2 JULY 12-16	\$290.00	\$350.00
WEEK # 3 JULY 19-23	\$290.00	\$350.00
WEEK # 4 July 26-30	\$290.00	\$350.00
WEEK # 5 AUG 2-6	\$290.00	\$350.00
WEEK # 6 AUG 9-13	\$290.00	\$350.00
WEEK # 7 AUG 16-20	\$290.00	\$350.00
WEEK #8 AUG 23-27	\$290.00	\$350.00

NOTE: Payment for Week #1 – Week #4 is due by Friday, May 21st

Payment for Week #5 – Week #8 is due by Friday, July 9th

**NEW PARTICIPANTS TO OUR PROGRAM MUST ALSO PAY THE \$40.00 ANNUAL NON-REFUNDABLE
REGISTRATION FEE.**

Summer 2021 Registration Form

Student: _____

Age: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Mother's Name: _____ Cell # _____

Father's Name: _____ Cell # _____

E-mail address: _____

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. We, the staff of Westchester Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards 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 course of gymnastics, tumbling, dance, cheerleading, open workouts, or in the course 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 participation 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 participation in any activities at Westchester Gymnastics, Inc. If for any reason I bring legal action against Westchester Gymnastics and their staff, I am aware I will be legally responsible for all legal fees for myself and those of Westchester Gymnastics and their staff.

Parent or Guardian Signature: _____ Date: _____

Payment Policy

I understand that I am registering my child(ren) at Westchester Gymnastics for a week of classes. I am also aware that should my child(ren) not complete the week 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 2 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. PLEASE RETURN REGISTRATION FORM WITH FULL PAYMENT BY MAY 21st, 2021 *NO REFUNDS UNDER ANY CIRCUMSTANCES*

Child's Name: _____

Parent/Guardians Signature: _____ Date: _____

Check ONLY the weeks student will be attending:

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

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

Payment Agreement

I fully understand that if any payment is not received by the due date, the credit card below will be charged. If the credit card on file is declined I understand I will be charged a fee of \$25.00. My child will not be allowed on the gym floor until an active credit card is provided to the gym. I also affirm that I have given the credit information below to be used for that purpose. Please make any checks payable to Westchester Gymnastics.

Circle one: Master Card Visa Discover/Novus Amex

Credit Card # _____ Sec Code _____ Exp. Date ____ / ____

Name on Credit Card: _____

Student's Name: _____

Parent/Guardian Signature: _____ Date: _____