

SUMMER CAMP 2022

Half Single
Day Fee
\$70.00

No Walk-Ins!!

Ages 4 and up

Full Single
Day Fee
\$85.00

Please note your child must have turned 4 by Jan 1, 2022

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

Name: _____ DOB: _____

Address: _____ Age: _____

Email address: _____

Father's name: _____ Cell number: _____

Mother's name: _____ Cell number _____

Emergency Contact: *(Parents will be contacted first)*

Name: _____ Phone number: _____

Relationship: _____

Please check the weeks your child will be attending camp and circle Half Day or Full Day:

<input type="checkbox"/> Week 1	June 27-30 (4 days)	Half Day \$272	Full Day \$304
<input type="checkbox"/> Week 2	July 11-15	Half Day \$340	Full Day \$380
<input type="checkbox"/> Week 3	July 18-22	Half Day \$340	Full Day \$380
<input type="checkbox"/> Week 4	July 25-29	Half Day \$340	Full Day \$380
<input type="checkbox"/> Week 5	August 1-5	Half Day \$340	Full Day \$380
<input type="checkbox"/> Week 6	August 8-12	Half Day \$340	Full Day \$380
<input type="checkbox"/> Week 7	August 15-19	Half Day \$340	Full Day \$380
<input type="checkbox"/> Week 8	August 22 - 26	Half Day \$340	Full Day \$380

Special Notes: If your child is only doing single days please specify which days and which weeks and whether half day or full day _____

Summer Camp and Classes Rules & Regulations 2022

Child's name _____

CONDITIONS OF ENROLLMENT

In my participation with Westchester Gymnastics Summer Program, events and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Westchester Gymnastics..
2. **No refunds under any circumstances.**
3. Fees for Westchester Gymnastics Summer Program are non-refundable..
- *4. **Medical Attention: I hereby give my consent to Westchester Gymnastics to provide to my child/children in the event that the parent cannot be reached, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.** _____
5. All pictures/videos of my children may be used for promotional use.
- *6. **Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and summer program events.** _____

****Initial next to these conditions.***

RULES & POLICIES

1. Doors will open at 8:45AM.
2. Children's belongings (valuables should be left home) must be kept in a tote bag or backpack. NO BAG = NO ENTRY. Westchester Gymnastics assumes no responsibility for the loss of money or other valuables.
3. If your child is feeling ill please keep them home. We reserve the right to send home all children who we feel are not in good health and pose a threat to themselves and/or other children.
4. Pick up is at NOON or 3:30PM SHARP
5. Attire: Girls should wear a leotard or comfortable clothing (shorts/t-shirt). Hair must be tied back and no jewelry! Boys should wear comfortable clothing - shorts, t-shirt, bare feet. Any child not properly attired will not be able to participate in activities.
6. Please notify us if your child will be absent from Westchester Gymnastics Summer Program. Please email or call.
7. Please make sure your child has a water bottle.
8. Westchester Gymnastics is not responsible for changes in the curriculum that are out of our hands.
9. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Westchester Gymnastics, Inc., knowing that it is impossible to keep him, her, myself or anyone else who enters the gym completely safe from exposure to the Covid-19 virus. I accept that risk. I hereby verify by my child's participation in any activities at Westchester Gymnastics, Inc. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be complete and unconditional release of all liability risks of Westchester Gymnastics, owners, officers and staff.

Parent or guardian has read and consents to the above agreement by signing below.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

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 June 1st, 2022 *NO REFUNDS UNDER ANY CIRCUMSTANCES*

Child's Name: _____

Parent/Guardians Signature: _____ Date: _____

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: _____

NOTE: Payment for Week #1 – Week #4 is due by Friday, June 3rd

Payment for Week #5 – Week #8 is due by Friday, July 15th

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