



Wojtek's Gymnastics



2500 Commerce Parkway
Lancaster, NY 14086
716-907-6875

Wojteksgymnastics@gmail.com

Wojtek's Gymnastics 2024/2025 Registration Form

How did you hear out about us: _____

Guardian Information:

Primary

Full Name _____
Relationship to gymnast _____
Home Phone _____
Cell Phone _____
Employer _____
Work Phone _____
Email _____

Secondary

Full Name _____
Relationship to gymnast _____
Home Phone _____
Cell Phone _____
Employer _____
Work Phone _____
Email _____

Address: _____

City: _____ State: _____ Zip: _____

Gymnast Information:

1st Gymnast

Full Name _____
Date of Birth _____ Sex: M / F
Previous Gymnastics experience? Y / N
Attend: _____ How long? _____

2nd Gymnast

Full Name _____
Date of Birth _____ Sex: M / F
Previous Gymnastics experience? Y / N
Attend: _____ How long? _____

Emergency Contact:

If we are unable to get in touch with either parent please provide an Emergency Contact.

Full Name _____
Home Phone _____

Relationship to Student _____
Cell Phone _____

Health Information:

Doctor Name _____
Medical Insurance Name _____
Policy #: _____

Doctor's # _____

The gym relies on the parent or legal guardian's judgment regarding the child's ability and health to participate in the sport / activity. Does your child have any health limitations or issues? Y / N If yes, please explain:

_____ (Initial) **ATHLETE'S RELEASE / PERMISSION FOR MEDICAL TREATMENT** - Participant, in attending the gym and using the facilities, does so at his or her own risk. The gym operator shall not be liable for any damages arising from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises and he or she does hereby fully and forever release and discharge the gym operator, all associated gyms, their owners, employees, agents from any and all claims demands, damages, right of action, present or future, resulting from or arising out of the participants use of the gym and / or its facilities. Participation is entirely his or her own choice and with the understanding of risk of accidental injury involved in any activity involving unusual motion or height. If a minor, the parents acknowledge that they know of this injury risk the minor is assuming. In the event of an emergency requiring medical attention, I hereby grant permission to the personnel at Wojtek's Gymnastics to administer first aid and a physician or other hospital personnel designated by Wojtek's Gymnastics to attend my son/daughter (or ward).

_____ (Initial) **RULES AND POLICIES STATEMENT** – By enrolling my child in Wojtek's Gymnastics, I recognize that I am obligated to follow the rules and policies of the program. I will also ensure my children understand and adhere to the rules and safety policies listed in postings.

_____ (Initial) **TUITION AND PAYMENT INFORMATION** – The adult bringing the child to class and that signs this form is responsible for the payment of charges. Wojtek's Gymnastics is not responsible in collecting any payments from any other party than the one who signs this form. You may bill your estranged, but it is not the responsibility of Wojtek's Gymnastics. Also, I understand that:

- 1.) I pay for my child's spot in his/her class, **NOT** by their attendance and there is **NO** pro-rating due to lack of attendance.
- 2.) To avoid the **late fee of 10% of the outstanding balance**, the monthly tuition must be received in the office during the 1st week of the month. Payment received in the office after the 1st week of the month (regardless of class attendance) will be considered late and you will be responsible for paying the 10% late fee.
- 3.) By completing this form your child / children will be automatically enrolled till the end of the main season (End of May 2025 for Team & end of June 2025 for all other gymnastics).
To drop from a class or from any program, I must notify the office staff in writing **prior to the first of the month**. If the office staff is not informed prior to the invoice being drove in the system (which is on the first day of the month) I will be responsible for the full month tuition.
- 4.) Wojtek's Gymnastics reserves the right to remove my child for non-payment.

_____ (Initial) **AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSE ONLY** – By enrolling your child in Wojtek's Gymnastics, you are also giving permission to use your child's photo, strictly and only for promotional purpose.

By signing this, I acknowledge all of the above information and have initialed each section in complete understanding and give permission for all the above.

Signature – (Parent or Guardian if participant is under age 18) _____

Date _____

Class placement:	Day: _____	Time: _____	Class: _____	Gymnast: _____
Class placement:	Day: _____	Time: _____	Class: _____	Gymnast: _____
Class placement:	Day: _____	Time: _____	Class: _____	Gymnast: _____
Class placement:	Day: _____	Time: _____	Class: _____	Gymnast: _____

OFFICE USE ONLY:

Payment: \$ _____ Paid on: _____ Cash / Check # _____ Applied to: _____

- Registration
- Invoice
- Recurring Invoice
- Member List
- Attendance
- Welcome Letter

Notes:

Wojtek's Gymnastics Waiver Form For the Parent and Tot Class.

This form must be completed for all parties that will be attending the parent and tot class with said Wojtek's Gymnastics member. This waiver form must be completed for you to enter the gym area / participate. Waiver forms will be held on file for the remainder of the year should you participate in another event this year.

Students Full Name : _____ Class day & Time: _____

GUEST INFORMATION:

Last name _____ First name _____

DOB _____ M / F Phone # _____

Address _____

City _____ State _____ Zip code _____

Email Address: _____

Do you have any health limitations or issues that prohibit you from being a participant in the class with said member? Y / N If yes, please explain:

Emergency # contact for you:

Name _____ Phone # _____

I realize that I am responsible for all medical expenses for myself that maybe needed due to participation at your facility, and/or under your supervision. I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such, carries with risk of injury. I am voluntarily going to participate in this activity with knowledge of risk involved, and hereby agree to accept any and all inherent risk of property damage, personal injury or death. I hereby release Wojtek's Gymnastics, its affiliates, agents, owners and employees from any liability for accidents while participating at Wojtek's Gymnastics.

I hereby state that I have no metal or physical conditions that prohibit full participation in gymnastics. I also agree to inform Wojtek's Gymnastics of any condition that Wojtek's Gymnastics staff should be aware of during normal activities or in case of any emergency. All safety rules must be observed. No jewelry is to be worn and no food or gum will be consumed in the gym. Wojtek's Gymnastics will not be responsible for any personal items brought.

Signature _____ Date _____