

Wojtek's Gymnasties

2500 Commerce Parkway Lancaster, NY 14086 716-907-6875 Wojteksgymnastics@gmail.com



2021 SUMMER REGISTRATION FOR EXISTING MEMBERS:

| If your child is an exist please complete the for | _ | nding either classes or camp | for the 2021 summer session, | |
|---|--|---|--|--|
| Gymnast Name: | | Current class (Day/Time) | | |
| - | of your 2020/2021 Registration ease indicate all changes below | · · | changes to the following | |
| Address: | | | | |
| Phone Numbers: | | | | |
| Email Address: | | | | |
| Emergency Contact: | | | | |
| Health: | | | | |
| 1 0 | pot in his/her class/classes or nce. I would like to register f | 1 ' | nce and there is NO pro-rating | |
| | CLAS | S / CLASSES: | | |
| ○ July Classes Only (July 5 th – July 29 th) ○ August Classes Only (August 2 rd – August 26 th) | | | | |
| | O Both July & Aug | aust Classes (July 5 th – Augu | st 26 th) | |
| | | | | |
| Day / Time: | Class: | Day / Time: | Class: | |
| Day / Time: | Class: | Day / Time: | Class: | |
| | | CAMPS: | | |
| O Camp Week 1 | (July 5th – July 9 th) | O Camp Week 2 (July | O Camp Week 2 (July 19 th – July 23 rd) | |
| O Camp Week 3 (August 2 nd – August 6 th) O Camp Week 4 (August 16 th – August 20 th) | | | | |
| O All 4 Weeks o | of Camp (July 5-9, July 19-23, | , August 2-6 and August 16- | 20) | |

| (Initial) ATI | HLETE'S RELEASE | / PERMISSION FOR MEDICAL TR | REATMENT - Participant, in attending the gym and | | |
|--|---|---|---|--|--|
| sustained by participan occur in or about the pigyms, their owners, em or arising out of the particular understanding of risk of acknowledge that they hereby grant permission | t in or about the premises and he or aployees, agents from the cricipants use of the faccidental injury know of this injuryn to the personnel | remises. Participant assumes full resshe does hereby fully and forever relom any and all claims demands, dambe gym and / or its facilities. Participal involved in any activity involving unurisk the minor is assuming. In the | be liable for any damages arising from personal injuries sponsibility for all injuries and damages which may lease and discharge the gym operator, all associated lages, right of action, present or future, resulting from ation is entirely his or her own choice and with the usual motion or height. If a minor, the parents went of an emergency requiring medical attention, I er first aid and a physician or other hospital personnel | | |
| | rules and policies | of the program. I will also ensure my | hild in Wojtek's Gymnastics, I recognize that I am y children understand and adhere to the rules and | | |
| 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. To avoid the late fee of \$5.00, the monthly tuition must be received in the office prior to the 2nd week of the lesson block. All tuition is due the 1st week of the month. Payment received in the office after this date will be considered late. To drop from a class or from the 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 first of the month I will be responsible for the full month tuition. If there is an outstanding invoice / balance that is sent to collections you will be responsible for all processing fees as well as any and all collection fees. Wojtek's Gymnastics reserves the right to remove my child for non-payment. (Initial) 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. (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 acknow permission for all the al | _ | sove information and have initialed ϵ | each section in complete understanding and give | | |
| Signature – (Parent or C | | pant is under age 18) | | | |
| Tuition Payment: Paid full summer: | \$\$ \$ | OFFICE USE ON Paid on: Paid on: | Cash / Check# | | |
| Class placement: | Day | Time: | | | |
| Registration Invoice Recurring Inv Member List Attendance Welcome Let | roice | Notes: | | | |