



Wojtek's Gymnastics



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

Wojtek's Gymnastics 2025/2026 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:

over

_____ (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(ren) in Wojtek's Gymnastics, I acknowledge and accept the obligation to comply with all program rules and policies. I will also take responsibility for ensuring that my child(ren) understands and adheres to the rules and safety guidelines as outlined in official postings.

_____ (Initial) **PAYMENT AGREEMENT & ENROLLMENT TERMS:** The adult who brings the child to class and signs this form shall be held financially responsible for all associated charges. Wojtek's Gymnastics is not responsible for collecting payments from any party other than the individual who signs this form. While you may make private arrangements for billing a third party (e.g., an estranged parent), Wojtek's Gymnastics bears no responsibility for enforcing or facilitating such arrangements. By signing this agreement, I acknowledge and agree to the following terms:

1. **Tuition Obligation:** I understand that tuition reserves my child's place in class, regardless of attendance. Tuition is not pro-rated due to missed classes.
2. **Late Payment Policy:** Monthly tuition must be received by the office during the first week of each month to avoid a late fee. Any payments received after the first week, regardless of class attendance, will incur a 10% late fee on the outstanding balance.
3. **Automatic Enrollment:** By completing this form, I understand that my child(ren) will be automatically enrolled through the conclusion of the main season (Team: end of May 2026; Recreational Gymnastics: end of June 2026).
4. To **withdraw** from a class or program, I must notify the office **in writing** before the first of the month. If notice is not received before the monthly invoice is processed (on the 1st of the month), I will be responsible for the full month's tuition.
5. **Non-Payment Policy:** Wojtek's Gymnastics reserves the right to remove any child from the program due to non-payment.

_____ (Initial) **AUTHORIZATION FOR USE OF PHOTOS IN ADVERTISING PURPOSE ONLY** – By enrolling your child in Wojtek's Gymnastics, you grant permission for your child's photograph to be used strictly for promotional purposes. These may include, but are not limited to, use on the Wojtek's Gymnastics website, social media platforms, printed materials, and other marketing outlets. No personal information will be disclosed, and all images will be used respectfully and appropriately.

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 Legal Guardian if participant is under age 18): _____

Printed Name: _____ **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	Member List
Invoice	Attendance
Recurring Invoice	Welcome Letter

Wojtek's Gymnastics Waiver Form

For the Parent and Tot Class.

This form must be completed by **every individual** who will be attending the Parent & Tot class with a registered Wojtek's Gymnastics participant. Completion of this waiver is **required** for entry into the gym area and participation in any activities.

Waiver forms will be kept on file for the remainder of the calendar year and will remain valid for any future participation in events or classes during that time.

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 _____

Wojtek's Gymnastics, 2500 Commerce Parkway, Lancaster, NY 14086 (716) 907-6875