



WINNIPEG GYMNASTICS CENTRE

102-171 Samborski Drive

Oak Bluff, Manitoba R4G 0B3

Phone: 204-475-9872

info@winnipeggymnasticscentre.com

www.winnipeggymnasticscentre.com

Spring Break Camp 2018

Gymnastics (4-12yrs) & Acrobatic Gymnastics (6-22yrs)

Childs Name: _____

Last

First

Birth date: _____

(dd/mm/yyyy)

Age

M or F

Medical Information: _____ / _____

6 digit

9 digit

Allergies / Other Medical Concerns: _____

Guardians Names: _____

Phone Numbers: _____

Home

Work

Cell

Email: _____

Home Address: _____ Postal Code: _____

Emergency Contact: _____ Phone # _____

TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE:

iClass MGA Class List

Gymnastics

March 26-30 Full Day 9-4pm Half Day 9-12pm Half Day 1-4pm

Acrobatic Gymnastics

March 26-30 Half Day 1-4pm

Weekly Full Day Camp \$185 Daily Full Day Camp \$40

Weekly Half Day Camp \$105 Daily Half Day Camp \$25

Non-Refundable MGA Insurance Fee* \$25 onetime payment/year

*Not applicable to those registered in the 2017-2018 term/full year program.

Total Amount Due \$ _____

Cash, Cheques and Credit Cards accepted.

Please make cheques payable to **Winnipeg Gymnastics Centre**. Refunds given with a Doctor's note only. (\$20 Administration fee will be charged)

I hereby understand that injuries can arise by accident from the very nature of the programs activities, and hereby release and waive all rights to any claim or action against Winnipeg Gymnastics Centre arising from injury, loss or damage to my child's property except where such injury, loss or damage is caused by the negligence of Winnipeg Gymnastics Centre.

I have read and agree with WGC's Policy Handbook (www.winnipeggymnasticscentre.com)

I also give consent for my child's camp photos to be displayed in the gym, on Winnipeg Gymnastics Centre's Facebook page and the WGC's website.

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE:

Amount \$ _____ Date _____ MC Visa Cheque Cash Debit