



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 Registration Form 2019

Please Print Clearly

Childs Name: _____
Last First

Birth Date: _____
(DD/MM/YYYY) Age M or F

Medical Information: _____ / _____
6 digit 9 digit

Allergies / Other Medical Concerns: _____

Primary Guardian: _____ Secondary Guardian: _____

Phone Numbers: _____
Home Work Cell

Emergency Contact: _____ Phone #: _____

Home Address: _____ Postal Code: _____

Email: _____

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/Instagram/Twitter page and the WGC's website.

Refunds given with a Doctor's note only. (\$20 Administration fee will be charged) \$25 MGA insurance fee is non-refundable.

Please send snacks/lunches that do not require refrigeration or heating up.

Parent/Guardian Signature: _____ Date: _____

Gymnastics (Please check one)

March 25th-29th, 2019

Full Day 9-4pm

Half Day 9-12pm

Half Day 1-4pm

Weekly Full Day Camp \$195 Daily Full Day Camp \$42

Weekly Half Day Camp \$110 Daily Half Day Camp \$26

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

**Not applicable to those registered in the 2018-2019 term/full year program at any gymnastics facility in Manitoba. Please let us know which club you belong to when registering.*

Total Amount Due \$ _____

Cash, Cheques and Credit Cards accepted.

Credit Card # _____ Exp. Date ____/____

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

TO BE COMPLETED BY WINNIPEG GYMNASTICS CENTRE:

Amount \$ _____ Date _____ MC Visa Cheque Cash Debit

Class List

IClass

MGA