

WINNIPEG GYMNASTICS CENTRE

102-171 Samborski Drive Oak Bluff, Manitoba R4G 0B3

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Summer Camp Registration Form 2024

July 2 – August 30, 2024

Trampoline & Tumbling (7+ years old)

Childs Name:			
Last		First	
Birth Date:			
(DD/MM/YYYY)	Age	Gender	
Medical Information:			
6 digit	9 digit		
Allergies / Other Medical Concerns:			
Guardian 1 Name:	Guardian 2 Name:		
Guardian 1 Relationship:	Guardian 2 Relationship:		
Guardian 1 Phone Number:	Guardian 2 Phone Number:		
Guardian 1 Email:	Guardian 2 Email:		
Home Address:		Postal Coda:	
	Phone #:		
I hereby understand that injuries can arise by accident from the any claim or action against Winnipeg Gymnastics Centre arise	ne very nature of the prog sing from injury, loss or	grams activities, and hereby release and waive all rights t damage to my child's property except where such injury	
loss or damage is caused by the negligence of Winnipeg Gym			
I have read and agree with WGC's Policy Handbook (<u>www.w</u> I also give consent for my child's camp photos to be displayed and the WGC's website.			
Refunds given with a Doctor's note only. (\$45 Administration will be charged a \$20 Administration fee. Credits will be appl given. Credits are non-transferable.			
Please send snacks/lunches that do not require refrigeration	on or heating up. WGO	C is a nut free facility.	
Parent/Guardian Signature:	Date:		

Please check which camp(s) your child will be participating in:

Trampoline & Tumbling Camp						
	Week 4: July 22 – 26	Week 5: July 29 – August 2	Week 6: August 6 – 9 (4 days)	Week 7: August 12 - 16		
Full Day						
Half Day AM						
Half Day PM						
	,					
Prices: Half Day	y (9am – 12pm or 1 – 4pm):	: <u>Daily</u> = \$30 + GST	Half Day: Full Week = \$	130 (\$120 4 days) + GS		
Full Day (9am – 4pm): $\underline{\text{Daily}} = \$45 + \text{GST}$		Full Day: <u>Full Week</u> = \$205 (\$180 4 days) + GST				
Please add the non-	-refundable MGA Insurance	$\overline{\text{Fee:}} = \$45 + \text{GST (applic)}$	able to those not already registe	ered in 2022-2023 season)		
TO BE COMPLE	CTED BY WINNIPEG GYN	MNASTICS CENTRE				
Week	Amount Paid/Method \$		Date:	Class List		
Week	Amount Paid/Method \$		Date:	i-Class.		
Week	Amount Paid/Method \$		Date:	MGA		



Credit Card #: ______ Expiry: _____/___

Waiver