



# 2022 GYMNASTICS CAMP REGISTRATION

Come and join us for a fun filled summer here in  
**World Gymnastics Academy**

**10%OFF** for the 2nd Week if you sign up for 2 Whole Weeks

**10%OFF** - Sibling Discount

\*All Camps Tuition is non-refundable. But you can switch weeks if your summer plans change

## Full Day 9:00am-3:00pm (Ages 5+)

**2 Days** - \$160 Mon/Tue/Wed/Thu/Fri

**3 Days** - \$240 Mon/Tue/Wed/Thu/Fri

**4 Days** - \$300 Mon/Tue/Wed/Thu/Fri

**5 Days** - \$340

## Half Day Camp - Options: 9:00am-12:00pm or 12:00pm-3:00pm (Ages 4+)

**2 Days** - \$90 Mon/Tue/Wed/Thu/Fri

**3 Days** - \$135 Mon/Tue/Wed/Thu/Fri

**4 Days** - \$170 Mon/Tue/Wed/Thu/Fri

**5 Days** - \$195

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
July 5 - 8	July 11-15	July 18-22	July 25-29	Aug 1-5	Aug 8-12	Aug 15-19	Aug 22-26

\*We offer early DROP OFF at 8:00am (extra \$10,) and late PICK UP at 4:00pm (extra \$10)

## What to Bring to Camp

- Sneakers
- Comfortable clothing
- Bathing Suit
- Towel
- Flip Flops or slip-on shoes
- Sunscreen
- Water
- Snacks
- Lunch (NO Nuts, including PB&J)

## Summer Camp 2022 Waiver

Child's name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Parents Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in WRAG Gymnastics LLC Program(s), including but not limited to sports activity, class, competition, team, non-gymnastics activities such as dance, cheerleading and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old, my parents or legal guardians, agree to be bound as follows (the terms "I", "me" and "my" in this release refer to both the participant and his/her parents or legal guardians).

#### (1) Acknowledgement and Assumption of Risks.

I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost and damages that may result from the Activity. I hereby give my approval of and the consent to my participation in the Activity. I assume all risks and hazards incidental to the Activity.

#### (2) Representation of Ability to Participate.

I understand the nature of this Activity and I represent that I am qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the

above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for me, I assume the responsibility to immediately discontinue participation in the Activity.

(3) Release.

I hereby release, acquit, covenant not to sue WRAG Gymnastics LLC, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their representative agents and employees and all other persons providing facilities or assisting in the conduct of the Activity (collectively the “Released Parties”) of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to my participation in the Activity (collectively the “Released Claims”). I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of WRAG Gymnastics LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any WRAG Gymnastics LLC program.

(4) Indemnification.

I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney’s fees (including the cost of any claim I might make or that might be made on my behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

I have read the Policies and Procedures for parents, spectators and participants in the Activity and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

WRAG Gymnastics LLC (World Gymnastics Academy) has put in place preventative measures to reduce the spread of COVID-19; however, WRAG Gymnastics LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending WRAG Gymnastics Academy could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending WRAG Gymnastics LLC (World Gymnastics Academy) that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at WRAG Gymnastics LLC (World Gymnastics Academy) may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WRAG Gymnastics LLC employees, volunteers, and program participants and their families.

**I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE AND INDEMNIFICATION. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date