



SOUTHEASTERN CHEER

2009 - 2010 Schedule & Registration

August 24, 2009 - June 12, 2010

	Cheer Classes	SELECTION	TUITION
Pee Wee Cheer	\$68/month (5 - 8 yrs)	T 3pm 4pm	
Th 3pm			
Juniors	\$68/month (9+ yrs)	T 5pm Th 4pm	
5pm			
Cheer Team	\$132/month (9+ yrs)		
T 6-7:30pm	Th 6-7:30pm [both days required]		
	Tumbling Classes		
Tumbling I	-\$68/month (1 hr.)	M 4:45 6pm	
T 6pm 8pm (11+)	W 3:50 7pm Th 4:50 6pm		
F 5pm S 2pm			
Tumbling II	-\$68/month (1 hr.)	M 7pm T 4:50	
W 6pm F 4pm			
Tumbling I & II Combo	-\$66/month (1 hr)		
M 8pm TH 8pm			

Trial Class \$20 \$ _____
 Registration Fee \$55 \$ _____
 Discount (Apply One: \$5 second class or \$55 session payment) \$ _____
 Amount Due \$ _____

Payment Method: Check ___ Cash ___ Credit Card ___ Automatic Draft ___

SOUTHEASTERN CHEER REGISTRATION FORM

August 24, 2009 - June 12, 2010
 13601 Providence Rd
 Weddington, NC 28104
 www.WeddingtonActivityCenter.com
 704-847-0785

STUDENT INFORMATION: Last Name _____ First _____
 Address: _____ City _____ Zip _____
 Date of Birth _____ Age _____ Male/Female _____ Grade _____

PARENT INFORMATION: Last Name _____ First _____
 Phone (H) _____ Phone (W) _____ Cell _____
 Email _____

EMERGENCY MEDICAL INFO:
 Emergency Contact _____ Phone _____
 Physician _____ Medications _____
 Insurance _____ Policy # _____

My child may be photographed for promotional materials for WAC YES NO

I have read and understand all of Southeastern Cheer's policies and procedures and agree to adhere to them:

SIGNATURE _____ DATE _____

STATE OF NORTH CAROLINA UNION COUNTY Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Weddington Activity Center Inc., its officers, agents and employees, for My Child/Children, My Ward (check one) _____ (Insert Full Name(s))

to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics and cheer at the Weddington Activity Center Inc., I do hereby release and discharge Weddington Activity Center Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Weddington Activity Center Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or myself if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Weddington Activity Center Inc. and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics and cheer that can cause harm, injury or death

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I here by authorize any emergency medical treatment for my child by physician, health service or hospital.

_____ (Signature - Parent, Guardian) _____ (Date)