

2010 - 2011 Schedule & Registration

No Classes: Labor Day- 9/6, Thanksgiving Break 11/25-26,
Holiday Break 12/24/10-1/2/11, Memorial Day, 5/30/11

COED CLASSES	SELECTION	TUITION
Parent & Child - \$58/mth (45 min.) M 9:30 am		
Tots- \$58/mth (45 min.) W 10:15 am		
Tykes- \$58/mth (45min.) W 9:15 am Sat 9:15 am		
Cubs- \$68/mth (1 hr.) M 10am , 11am, 2:50 Th 2 S 10am		
Tigers - \$68/mth (1 hr.) M 2:45, 3, 4, 6:15 T 1:45, 2, 2:45, 3, 4, 5 W 11 am, 2:45, 4, 5 Th 3, 4, 5, 6 F 2:50, 3:50 S 10am, 12pm		
Beg Tumbling - \$68/mth (1 hr.) M 4:50, 7(9+years) T 6, 7 W 3:50, 6:30 (9 yrs+) , 7 Th 3:50 9+, 4:50 6, 8(9+) F 4, 5, 6 S 1, 2		
Adv Tumbling- \$68/mth (1 hr.) M 8pm T 4:50, 8pm W 8pm		
GIRLS CLASSES		
Rec 1 - \$68/mth (1 hr.) M 3:45, 5, 6:30 (9yrs+) T 2:50, 3, 5, 6, 7 W 3, 3:45, 7:15 (9yrs+) Th 3, 4 F 3, 3:50, 5 S 11am, 2		
Rec 2- \$68/mth (1hr.) M 3, 7:15(9yrs+) T 4, 6, 6:15, 7 W 3,6, 6:15 (9yrs+) Th 2:50, 6:15 F 4 S 9am, 11am		
Rec 3 - \$68/mth (1 hr.) T 7:15 W 4, 6 Th 7:15(9+yrs) F 6 S 12pm		
Rec 4- \$68/mth (1hr.) W 4:45 Th 7(9+yrs) F 7 S 1		
Rec 5 - \$68/mth (1 hr.) M 7:30 9+ W 4:50 S 1pm		
Prep Op and DEVELOPMENTAL TEAM		
Pre Team All Stars - \$160/mth (3.5 hrs) M 4-5:30 Th 4-6		
Mighty Mites - \$200/mth (6 hrs) MM1 M2:45-4:45, W 3:15-5:15 S 9-10 MM2 M 3:15-5:15 F 6-8 S 1:30-3:30		
Prep Op - \$200/mth (6hrs) M 5:30 -7:30 W 6-8 Th 6-8		
BOYS CLASSES		
Panthers - \$68/mth(1 hr.) M 6 T 3:50 W 2:50 F 3		
Boys Gymnastics - \$68/mth(1 hr.) M 3:50 F 7		

Trial Class \$20 \$ _____
Annual Registration Fee \$55 \$ 55
Discount-\$5 for second class per month \$ _____

Amount Due \$ _____

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



Home of Past, Present and Future Champions

August 23, 2010-June 11, 2011

13601 Providence Rd
Weddington, NC 28104
(704)847-0785

www.southeasterngymnastics.com
www.weddingtonactivitycenter.com

STUDENT INFORMATION: _____ Birthday _____

Address: _____

_____ Zip Code _____

PARENT INFORMATION: _____

Phone (H) _____ Phone (W) _____ Cell _____

Email _____

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 WACs 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 Southeastern Gymnastics 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 at the Southeastern Gymnastics Inc., I do hereby release and discharge Southeastern Gymnastics 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 Southeastern Gymnastics 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 Southeastern Gymnastics Inc. and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics 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: _____ Date: _____