

# Summer 2010 Schedule & Registration

No Classes: July 3-9, 2010

Session tuition based on 9 week session



Home of Past, Present, & Future Champions  
13601 Providence rd, Weddington, NC 28104

## SUMMER REGISTRATION

June 14-August 21, 2010

[www.weddingtonactivitycenter.com](http://www.weddingtonactivitycenter.com)

704-847-0785

COED CLASSES	Class	Tuition
Tumble Tots - \$145/session (45 min.) W 11:15am		
Tumble Tykes - \$145/session (45 min.) M 11:15am TH 11:15am S 9:00am		
Tiger Cubs- \$155/session (1 hr.) M 12:15pm, 3:pm T 11:15am, 3:15pm TH 2:45pm S 9:45am		
Tumble Tigers - \$155/session (1 hr.) M 11:15am, 12:15pm, 4pm T 3:45pm, 4:15pm W 11:15 am Th 11:15am S 11am		
Beginning Tumble - \$155/session (1 hr.) M 11:15am 5:15pm T 11:15am 4pm W 3pm, 6pm (9+years old) Th 5:15pm		
Adv Tumble - \$155/session (1 hr.) M 6:15pm T 5:15pm W 4pm Th 6:15pm F 11:15am		
Adult Conditioning - \$* (1 hr.) MWF 8 am *Adult Conditioning class should refer to coach for monthly tuition. Requires annual \$55 registration fee.		
<b>GIRLS CLASSES</b>		
Level 1A - \$155/session (1 hr.) M 11:15am, 3pm T 5pm W 12:15pm, 4pm(9yrs+) Th 11:15am, 3:15pm, 4:00pm F 11:15am S 1pm		
Level 1B- \$155/session (1 hr.) M 5:15pm T 2:45pm W 12:15pm, 5:15pm Th 5pm S 12pm		
Level 2A - \$155/session (1 hr.) M 6:15pm T 11:15am W 3pm TH 6pm		
Level 2B- \$155/session (1hr.) T 6pm W 6:15pm Th 11:15pm		
Level 3 - \$155/session (1 hr.) W 5:15pm Th 4:15pm		
<b>COMPETITIVE DEVELOPMENTAL TEAM</b>		
Pre Team All Stars - \$170/month (4.5 hrs) M 12:15-1:45pm W 1-2:30pm Th 12:15-1:45pm		
Mighty Mites - \$200/month (6 hrs) M 4:15-6:15 pm W 3:15-5:15pm Th 4:15-6:15pm		
Adv Rec - \$205/month (6 hrs) T 1-3pm W 5:15-7:15pm Th 1-3pm		
<b>BOYS CLASSES</b>		
Tiger Stripes - \$155/session (1 hr.) M 3pm T 3pm F12:15pm		
Boys Gymnastics - \$155/session (1 hr.) M 4pm T 6:15pm Th 3pm		

Trial Class \$20 \$ \_\_\_\_\_

Discount : \$10/ second session \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Payment Method: Check \_\_\_ Cash \_\_\_ Credit Card \_\_\_ Automatic Draft \_\_\_

STUDENT: Last Name \_\_\_\_\_ First \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade \_\_\_\_\_

PARENT: 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 WACs policies and procedures and agree to adhere by 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 – Parent or Guardian)

(Date)