

Fall 2011 - 2012 Schedule & Registration

No Classes: 9/5, 11/23-25, 12/24-1/1, 5/28



Home of Past, Present, & Future Champions

13601 Providence rd, Weddington, NC 28104

Fall REGISTRATION
August 22, 2011–June 9, 2012
www.weddingtonactivitycenter.com
704-847-0785

COED CLASSES	Class	Tuition
Tot's - \$65 (45 min.) W 11:15		
Tykes - \$65 (45 min.) W 9:30, F 2pm, S 9:15		
Tiger Cubs- \$69.50 (1 hr.) M 10am, 11am, 2:50pm, Th 2pm, S 10am		
Tumble Tigers - \$69.50 (1hr.) M 9am, 2:15, 4:15 T 2:00, 2:15, 3:00, 3:15, 4:00, W 10:15am, 2:00, 2:45, 5:00, Th 2:00, 2:15, 4:00, 5:00, 6:45, F 9am, 2:50, 3:50, S 10:00, 12:00, 3:00		
Beginning Tumble - \$69.50 (1hr.) M 4:50, 7:00, T 6:00, 7:00, W 3:50, 4:50, 7:00, 7:00 Th 3:50, 4:50, 6:00, 8:00, F 4:00, 5:00, 6:00, S 1:00,2:00		
Adv Tumble - \$69.50 (1 hr.) M 8:00 9+, T 4:50, 8:00, W 8:00		
Teen Conditioning - \$69.50 (1 hr 2x week) T 7:15, Th 7:15		
Adult Conditioning - \$* (1 hr.) MWF 8 am *Adult Conditioning class should refer to coach for monthly tuition. Requires annual \$55 registration fee.		
GIRLS CLASSES		
Rec 1 - \$69.50 (1 hr.) M 3:15, 5:30, 7:30 9+, T1:50, 2:50, 6:00, W 2:30, 3:30, 3:45, 7:15, Th 3:00, 3:15, 6:00, F 10am, 3:00, 5:00 S 11:00, 2:00, 3:00		
Rec 2- \$69:50 (1 hr.) M 3:15, T 5:00, 7:00, W 3:00, 6:00, 6:15 Th 2:50, 6:15, F 4:00, S 9:00am, 11:am		
Rec 3 - \$69.50 (1 hr.) W 4:00, 6:00, Th 7:15, F 6:00, S 12:00		
Rec 4- \$69.50 (1 hr.) W 4:45, Th 7:00, F 7:00		
Rec 5 - \$69.50 (1 hr.) Th 7:00, S 1:00		
BOYS CLASSES		
Panthers - \$69.50 (1 hr.) M 6:00, T 3:50, W 2:50, F 3:00		
Boys Gymnastics - \$69.50 (1 hr.) M 3:50, F 7:00		

Registration Fee \$55

zvx\$ _____
Trial Class \$20 \$ _____
Discount: \$5/ second Class \$ _____
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)