

Summer 2012 Schedule & Registration

No Classes: July 4th week, 7/2 – 7/7/2012

Session tuition based on 9 week session

COED CLASSES	SELECTION	TUITION
Tumble Tykes - \$149/session (45 Min.) M 10:15am		
Tiger Cubs- \$159/session (1Hr.) M 9:15am, T 10:00am, 3:15pm, S 9:15am		
Tumble Tigers - \$159/session (1 Hr.) M 2pm, 5pm T 9:00am, 11:15am W 10:00am, 1:15pm Th 1:15pm S 11:30am		
Beg Tumble - \$159/session (1 Hr.) M 11:15am 4pm T 4:15pm W 11:15am 3pm 5:15pm TH 3pm 5pm F 12:15pm		
Adv Tumble - \$159/session (1 Hr.) M 12:15pm T 5:15pm		
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 - \$159/session (1 Hr.) M 2:15pm T 1:15pm 4:15pm 5:15pm W 9am, 4:15pm Th 10am, 4:00pm S 10:30am		
REC 2 - \$159/session (1Hr.) M 4:45, W 4:45, Th 9:00am, S 12:30pm		
REC 3 - \$159/session (1 Hr.) Th 4:45pm F 11:15am		
REC 4/5 - \$159/session (1 hr.) Th 11:15am		
COMPETITIVE DEVELOPMENTAL TEAM		
Pre Team All Stars - \$185/Month (4 1/2 Hrs) M 3:15 – 4:45 W 3:15 – 4:45 Th 3:15 – 4:45		
Mighty Mites - \$250/Month (9Hrs) Schedule TBD		
Prep Op – \$215/Month (6 3/4 Hrs.) T 1:15 – 3:00pm, W 1:15 – 3:00pm, Th 1:15 – 3:00pm, Sat 1:30-3:00pm		
BOYS CLASSES		
Panthers - \$159/session (1 Hr.) M 3pm		
Boys Gymnastics - \$159/session (1 Hr.) T 3:00pm		

Trial Class \$20 \$ _____

Discount \$10 second class \$ _____

Amount Due \$ _____

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



Home of Past, Present and Future Champions

REGISTRATION FORM
June 11, 2012-August 18, 2012

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

www.southeasterngymnastics.com
www.weddingtonactivitycenter.com

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 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 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, Guardian) (Date)