

# 2009 - 2010 Schedule & Registration

No Classes: Labor Day, 9/7, Thanksgiving Break 11/25-29/09,  
 Holiday Break 12/23/09-1/1/10, Memorial Day, 5/31/10



Home of Past, Present and Future Champions

## REGISTRATION FORM August 24, 2009 – June 12, 2010

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

www.southeasterngymnastics.com  
 www.weddingtonactivitycenter.com

COED CLASSES	SELECTION	TUITION
Parent & Child - \$58/mth (45 min.) M 10:15 W 10:15 F 10am S 9:15		
Tiger Cubs- \$68/mth (1 hr.) M 11am T 2pm W 11am Th 2:15 F 9am S 10am		
Tumble Tigers - \$68/mth (1 hr.) M 3pm 4pm 5pm 6:15 T 2:15 3:15 5:30 W 2:45pm 5pm Th 4pm 5pm 6:15 F 10:45 2:50 S 10am 12pm		
Tumbling I - \$68/mth (1 hr.) M 4:45 6pm 7:15 T 6pm 8pm (11+) W 3:50 7pm Th 4:50 6pm F 5pm 6pm S 2pm		
Tumbling II - \$68/mth (1 hr.) M 7pm T 4:50pm W 6pm F 4pm		
Tumbling I & II Combo - \$68/mth (1 hr.) M 8 pm TH 8pm		
Adult Conditioning - \$* (1 hr.) MWF 8am *Adult Conditioning class should refer to coach for monthly tuition. Requires annual \$55 registration fee.		
<b>GIRLS CLASSES</b>		
Level 1A - \$68/mth (1 hr.) M 5:15 T 2:50 4pm 5pm 6:30 W 3:45 Th 3:15 6:15 F 3:50 (9+) 5pm S 11am		
Level 1B- \$68/mth (1 hr.) M 3pm 4pm 7:15 (9+) T 3pm 4:15 6:15 W 3pm 6pm 6:15 (9+) Th 3pm F S 9am 11 am		
Level 2A - \$68/mth (1 hr.) T 7:15 W 4:45 Th 2:50 7:15 S 12pm		
Level 2B - \$68/mth (1 hr.) W 8pm Th 7:15 S 1pm		
Level 3 - \$68/mth (1 hr.)T 7pm 7:30 W 4pm 7:15 Th 7pm S 1pm		
<b>COMPETITIVE DEVELOPMENTAL TEAM</b>		
Pre Team All Stars - \$160/mth (3.5 hrs) T 5:15-7 Th 4:15-6:00		
Mighty Mites - \$200/mth T 3:15-5:15 W 3:15-5:15 F 3:15-5:15		
Adv Rec – \$205/mth (6hrs) M 6:30-8:45 W 7:00-8:45 F 6:00-8:00		
<b>BOYS CLASSES</b>		
Tiger Stripes - \$68/mth(1 hr.) M 2:45 T 3:50 W 2:50 F 3pm		
Boys Gymnastics - \$68/mth(1 hr.) M 3:45 pm W 4:50 Th 3:50 F 6pm		

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

Annual Registration Fee \$55 \$ 55

Discount (Apply One: \$5 second class or \$55 session payment) \$ \_\_\_\_\_

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

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

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 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, Guardian)

\_\_\_\_\_  
 (Date)