

2008 - 2009 Schedule & Registration

No Classes: Labor Day, 9/1, Thanksgiving Break 11/27-30/08,
 Holiday Break 12/23/08-1/1/09, Memorial Day, 5/25/09



REGISTRATION FORM

August 25, 2008 – June 13, 2009

www.southeasterngymnastics.com
 www.weddingtonactivitycenter.com

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

COED CLASSES	SELECTION	TUITION
Tumble Tots - \$56/mth (45 min.) MW 9:30 Th 2:15 F 10am		
Tumble Tykes - \$56/mth (45 min.) M 10:15 T 9:30 2:15 4pm W 10:15 2:50 Th 3:00 F 10:45		
Tumble Tot/Tykes Combo - \$56/mth (45 min.) M 6 pm S 9 am		
Tiger Cubs - \$66/mth (1 hr.) M 11pm 2:50 3:50 T 10:15 3pm 5:00 W 11am 3:45 F 9am 2:50pm S 10am		
Tumble Tigers - \$66/mth (1 hr.) M 4:50 5:15 6:15 T 3:15 6:15 W 2:45 4:45 Th 2:30 3:30 6pm F 3pm S 10am		
Tumbling I - \$66/mth (1 hr.) M 6pm T 3:50 6pm 7:15 (L) W 7pm Th 4:50 6pm F 4pm 6pm (L)		
Tumbling II - \$66/mth (1 hr.) M 7pm T 4:50 W 6pm		
Tumbling I & II Combo - \$66/mth (1 hr.) T/TH 8pm		
Sports Conditioning - \$66/mth (1 hr.) MW 8pm		
Adult Conditioning - \$* (1 hr.) MWF 8 am *Adult Conditioning class should refer to coach for monthly tuition. Requires annual \$50 registration fee.		
GIRLS CLASSES		
Level 1A - \$66/mth (1 hr.) M 3pm 4:15 5:15 T 3pm 6:15 W 2:45 2:50 3:45 4:50 Th 2:50pm 5pm F 5pm S 1:30pm		
Level 1B - \$66/mth (1 hr.) M 3pm 4pm T 4:15 W 4:45 7pm (9yr+) Th 4pm 4:50 7pm F 3pm 4pm (9yr+) S 9am		
Level 2 - \$66/mth (1 hr.) M 7:15 T 5:00 7:15 W 3:45 6pm Th 2:50 7pm 8pm S 2:30		
Level 3 - \$66/mth (1 hr.) M 6:15 T 7pm Th 3:50 8pm S 3:30		
COMPETITIVE DEVELOPMENTAL TEAM		
Pre Team All Stars - \$150/mth (4 hrs) T 5:15-7:15pm F 4-6 pm		
Mighty Mittes - \$150/mth (4 hrs) , \$195/mth (6hrs.) WF 6-8 pm S 11-1		
Adv Rec - \$132/mth (3 hrs.), \$170/mth (4.5hrs) M 7:15-8:45 T 7:15-8:45 S 11-12:30		
BOYS CLASSES		
Tiger Stripes - \$66/mth(1 hr.) M 2:50 T 2:50 W 3:50		
Boys Gymnastics - \$66/mth(1 hr.) MTh 3:50 F 5pm		

Trial Class \$20 \$ _____
 Registration Fee \$50 \$ _____
 Discount (Apply One: \$5 second class or \$50 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)

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) _____