

2016-2017 SCHOOL YEAR SESSION SCHEDULE

Starts - August 22, 2016 – Ends - June 10, 2017

NO CLASSES: 9/5/16, 11/23/16-11/25/16, 12/23/16– 1/1/17, 5/29/17



"2014 USAG CLUB OF THE YEAR"

REGISTRATION FORM

(Please complete one form per child)

COED CLASSES	CLASS	TUITION
Tykes: (Age 2½ - 3) \$64/month (45 min.) M 10:15 am, W 10:00 am		
Cubs: (Age 3 - 4) \$64/month (1 Hr.) M 11:00 am, 2:50 pm, W 11:00am, TH 3:00 pm, F 11:15 am, S 9:00 am		
Tumble Tigers: (Age 4-5) \$76/month (1 Hr.) M 9:15 am, 1:45 pm, 2:45 pm, 4:15 pm, 5:50pm, 6:30 pm, T 1:50 pm, 2:50 pm, 3:50 pm, 4:15pm, 6:15 pm, W 9:00am, 2:45 pm, TH 2:30 pm, 5:15,6:00pm, F 9:15 am, 10:15 am, 4:50pm, 5:00 pm, S 9:00 am, 10:00 am, 12:15 pm, 1:00 pm		
Beg. Tumble: (Age 6+) \$76/month (1 Hr.) T 3:50 pm, 4:50 pm, W 4:45 pm, 8:00 pm, TH 3:50 pm, 4:50 pm, 7:00 pm, F 6:15 pm		
Adv. Tumble: (Age 6+) \$76/month (Hr.) M 8:00pm, T 8:00 pm, F 7:15 pm		
GIRL'S CLASSES – Ages 6+ unless otherwise noted		
REC 1: \$76/month (1 Hr.) M 3:15 pm, 3:50 pm, 4:00 pm, 4:50pm, 6:00 pm, 7:30 pm (age 8+), T 1:50 pm, 3:15 pm, 4:30 pm, 5:15 pm, 6:00 pm, 6:30 pm, 7:00 pm, 7:15 pm, W 2:45 pm, 3:30pm, 4:30 pm, 6:30 pm, 7:00 pm (age 8+), TH 3:15pm, 4:15 pm, 6:30 pm, 7:00 pm, F 3:00 pm, 3:50 pm, 5:50 pm, 6:00 pm, S 11:00 am, 12:45 pm, 2:15 pm (age 8+)		
REC 2: \$76/month (1 Hr.) M 5:30 pm, 7:00pm, T 2:50 pm, 3:30pm, 4:50 pm, 5:30 pm, 8:00 pm, W 4:00 pm, 5:00 pm, 5:30 pm, 8:00 pm, TH 2:50 pm, 3:45 pm, 5:45 pm, 6:15pm, F 4:00 pm, S 10:30 am, 2:00 pm		
REC 2/3: \$76/month (1 Hr.) M 5:00 pm, T 7:00 pm		
REC 3: \$76/month (1 Hr.) M 4:45 pm, T 6:00 pm, W 7:00 pm, TH 7:45 pm, F 6:50		
REC 3/4: \$76/month (1 Hr.) W 6:00, TH 4:45 pm, S 1:15pm		
REC 4/5: \$76/month (1 Hr.) TH 6:45 pm		
PTA: \$216/month Coach recommended/must try out		
PTXCEL: \$195/month Coach recommended/must try out		
BOY'S CLASSES		
Panthers: (Age 4-6) \$76month (1 Hr.) M 3:45 pm, W 3:45 pm, TH 6:00 pm		
Boys Gym: (Age 6-11) \$76/month (1 Hr.) M 7:00 pm, W 6:00 pm, TH 8:00 pm, F 5:15 PM		

Registration Fee \$60	
Trial Class \$20	
Discount \$5 2 nd class/child	
Total Amount Due	

13601 Providence Rd.
Weddington, NC 28104

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Phone (704) 847-0785 • Fax (704) 847-0587

STUDENT NAME: Last _____ First _____

Address _____ City _____ Zip _____

DOB ____/____/____ Age _____ Male Female Grade _____

PARENT/GUARDIAN NAME: Last _____ First _____

Primary Phone _____ Secondary Phone _____

Email (please print clearly) _____

EMERGENCY MEDICAL INFO:

Emergency Contact _____ Phone _____

Physician _____ Medications _____

Insurance _____ Policy # _____

My child may be photographed for promotional materials for WAC YES NO

By signing here, I agree that I have read and understand the WAC/SEG rules and policies and agree to abide 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 __ My Ward__ (check one)

(Insert Child's Name) _____
to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at 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 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 hereby authorize any emergency medical treatment for my child by physician, health service or hospital.

(Signature - Parent, Guardian)

(Date)

Payment Method: Check _____ Cash _____ Credit Card _____