

**2017-2018 SCHOOL YEAR SESSION SCHEDULE**Starts: August 21, 2017 Ends: June 9, 2018

NO CLASSES: 9/4/17, 11/22/17-11/25/17, 12/25/17- 1/2/18, 5/28/18

**“2017 USAG CLUB OF THE YEAR”****REGISTRATION FORM***(Please complete one form per child)*13601 Providence Rd  
Weddington, NC 28104

segoffice@aol.com

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

COED CLASSES	CLASS	TUITION
<b>Tykes:</b> (Age 2½ - 3) \$65/month (45 min.) M 2:45pm, TH 9:15am		
<b>Cubs:</b> (Age 3 - 4) \$70/month (1 Hr.) M 11:15am, 3:45pm, W 4:30pm, TH 11:15am, F 11:15am, S 9:00am		
<b>Tumble Tigers:</b> (Age 4-5) \$78/month (1 Hr.) M 9:15am, 10:15am, 1:45pm, 2:45pm, 4:15pm, 5:30pm, T 1:45pm, 2:45pm, 3:45pm, 4:15pm, 6:15pm, W 2:45pm, TH 10:15am, 5:00pm, 6:15pm, F 9:15 am, 10:15am, 4:30pm, S 9:00am, 10:00am, 12:15pm		
<b>Beg. Tumble:</b> (Age 6+) \$78/month (1 Hr.) T 3:45pm, 4:45pm, W 3:45pm, TH 5:00pm, 6:15 pm, F 6:45pm		
<b>Advanced Tumble:</b> (Age 6+) \$78/month (1 Hr.) M 8:00pm, T 8:00pm		
<b>GIRL'S CLASSES – Ages 6+ unless otherwise noted</b>		
<b>REC 1:</b> \$78/month (1 Hr.) M 3:15pm, 4:45pm, 6:00pm, 6:30pm, 7:00pm, T 1:45pm, 3:15pm, 5:15pm, 6:00 pm, 7:00pm, W 2:45 pm, 3:30pm, 4:45pm, 7:30pm (age 8+), TH 3:00pm, 4:00pm, 7:15pm, F 2:30pm, 4:30pm, 5:45pm, 7:45pm (age 8+), S 11:00 am, 12:00pm (age 8+), 1:15 pm		
<b>REC 2:</b> \$78/month (1 Hr.) M 5:00pm, T 2:45 pm, 4:45pm, 6:00pm, 7:15pm, W 3:45pm, 5:00pm, 5:45pm, 6:00pm, TH 3:00pm, 4:00pm, 5:00pm, 6:15pm, F 3:30pm, 4:30pm, 6:45pm, S 10:00am		
<b>Advanced Gymnastics:</b> \$110 (1.5 Hr.) M 7:30-9:00pm, T 7:00-8:30pm, W 6:00-7:30pm, 7:00-8:30pm, TH 7:15-8:45pm, F 5:30-7:00pm, S 2:15-3:45pm		
<b>PTA:</b> \$220/month Coach recommended/must try out		
<b>PTXCEL:</b> \$205/month Coach recommended/must try out		
<b>BOY'S CLASSES</b>		
<b>Panthers:</b> (Age 4-6) \$78/month (1 Hr.) M 3:45pm, F 3:30pm		
<b>Boys Gym:</b> (Age 6-11) \$78/month (1 Hr.) M 7:00pm, W 6:00pm, F 5:45pm		

Registration Fee \$65	
Trial Class \$20	
Discount \$5 2 <sup>nd</sup> class/child	
<b>Total Amount Due</b>	

STUDENT NAME: Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female

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

For office use:     M    S    B    E     Date \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ \$ \_\_\_\_\_