

2019-2020 SCHOOL YEAR SESSION SCHEDULE

August 19th, 2019 – June 6th, 2020

NO CLASSES 9/2/19, 11/28/19-11/29/19, 12/23/19-1/1/20, 5/25/20

PRE-SCHOOL COED CLASSES	CLASS	TUITION
TYKES (45 min) (Ages 1 1/2 - 3) \$68/month S 10:00 AM		
CUBS (55 min) (Ages 3 - 4) \$72/month M 2:15 PM, T 3:00 PM, 3:45 PM, TH 2:00 PM, S 9:00 AM		
COED CLASSES – \$80/Month		
TIGERS (55 min) (Ages 4 - 5) M 2:45 PM, 4:15 PM, 5:30 PM, T 1:45 PM, 2:45 PM, 4:45 PM, 6:00 PM, W 2:45 PM, 6:00 PM, TH 2:00 PM, 5:00 PM, 6:15 PM, F 9:15 AM, 10:15 AM, 3:30 PM, S 9:00 AM, 11:00 AM, 12:15 PM		
TUMBLE (55 min) (Ages 6+) M 6:00 PM, T 7:00 PM, W 7:00 PM, TH 7:15 PM, F 4:30 PM, S 10:00 AM		
HOMESCHOOL (55 min) (Ages 6-12) F 11:15 AM		
GIRL'S CLASSES – \$80/Month		
REC 1 (55 min) (Ages 6+) M 3:15 PM, 3:30 PM, 4:30 PM, 5:15 PM, 6:15 PM, 7:15 PM (8+), T 2:45 PM, 4:00 PM, 5:00 PM, 6:00 PM, 7:15 PM, W 3:45 PM, 4:30 PM, 4:45 PM, 5:45 PM, TH 3:00 PM, 4:00 PM, 5:00 PM, 5:15 PM, 6:15 PM, F 4:30 PM, S 11:00 AM, 12:00 PM		
REC 2 (55 min) (Ages 6+) M 4:00 PM, 5:30 PM, 6:30 PM, T 3:45 PM, W 3:45 PM, 5:00 PM, 6:00 PM, TH 3:00 PM, 4:00 PM, 6:15 PM, F 5:30 PM		
ADV GYM – (1 hr 25 min) (Ages 6+) \$120.00/month M 7:30 PM, T 7:00 PM, W 7:00 PM, TH 7:15 PM, F 6:30 PM, S 1:15 PM		
BOY'S CLASSES - \$80/Month		
BOYS GYMNASTICS (55 min) (Ages 6-12) M 7:00 PM, W 4:30 PM, F 5:45 PM		
PTA - \$230.00/month Coach Recommended		
PTXCEL - \$230.00/month		

Registration Fee \$65	
Trial Class \$25	
Total Amount Due	

For Office Use ER M S B E DATE TOTAL PAID

Payment Method: Check Cash Credit Card Bank Draft

REGISTRATION FORM



Honored to be named
2018
Gymnastics National
Club of the Year!

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

www.southeasterngymnastics.com
southeasterngymnastics@gmail.com
Fax 704-847-0587

Please complete one form per child

STUDENT NAME: Last First

Address City Zip

DOB / / Age 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

I HAVE READ AND UNDERSTAND ALL OF WAC/SEG 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 My Ward (check one)

(Insert Full 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)