

2019-2020 SCHOOL YEAR SESSION SCHEDULE
August 19th, 2019 – June 7th, 2020

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



REGISTRATION FORM

Honored to be named
2018
 Gymnastics National
 Club of the Year!
 www.southeasterngymnastics.com
 segoffice@aol.com
 Fax 704-847-0587

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

Please complete one form per child

PRE-SCHOOL COED CLASSES	CLASS	TUITION
Tykes (45 min) (1 1/2-3) \$68/month F 11:15 AM, S 10:00 AM		
Cubs (55 min) (Age 3 - 4) \$72/month M 2:15 PM, T 3:45 PM, TH 2:00 PM, S 9:00 AM		
COED CLASSES – \$80/Month		
Tigers (55 min) (Age 4 - 5) M 2:45 PM, 4:15 PM, 5:30 PM, T 1:45 PM, 2:45 PM, 4:45 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 12:15 PM		
Tumble (55 min) M 6:00 PM, T 7:00 PM, W 7:00 PM, TH 7:15 PM, F 4:30 PM		
GIRL'S CLASSES – \$80/Month		
REC 1 (55 min) M 3:15 PM, 3:30 PM, 4:30 PM, 5:30 PM (8+), T 2:45 PM, 4:00 PM, 5:00 PM, 6:00 PM, W 3:45 PM, 4:45 PM, 5:45 PM, TH 3:00 PM, 4:00 PM, 5:00 PM, F 4:30 PM, S 11:00 AM		
REC 2 (55 min) M 6:30 PM, T 3:45 PM, 8:00 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) (Age 6-12) M 7:00 PM, F 5:45 PM		
PTA - Coach Recommended		
PTXCEL -		

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

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)

For Office Use ER ___ M ___ S ___ B ___ E ___ DATE _____ TOTAL PAID _____

Payment Method: Check _____ Cash _____ Credit Card _____ Bank Draft _____