

# 2019 SUMMER SESSION SCHEDULE

June 10th – August 17th

TUITION IS FOR THE ENTIRE NINE WEEK SESSION  
NO CLASSES JULY 4<sup>TH</sup> WEEK, 7/1 – 7/7

PRE-SCHOOL COED CLASSES	CLASS	TUITION
Tots and Tykes (45 min) (1 1/2-3) \$165/session S 10:15 AM		
Cubs (1 Hr.) (Age 3 - 4) \$175/session M 4:15 PM, T 4:45 PM, S 9:15 AM		
Tigers (1 Hr.) (Age 4 - 5) \$190/session M 9:00 AM, 3:00 PM, 5:30 PM, T 10:00 AM, 3:45 PM, 4:45 PM, W 9:00 AM, 4:15 PM, 5:00 PM, TH 3:00 PM, 4:00 PM, S 11:10 AM		
<b>COED CLASSES – \$190/Session</b>		
Tumble (1 Hr.) M 5:30 PM, T 3:45 PM, W 10:00 AM, TH 4:15 PM		
<b>GIRL'S CLASSES – \$190/Session</b>		
REC 1 (1 Hr.) M 10:00 AM, T 9:00 AM, 5:45 PM, W 1:45 PM, 4:00 PM, TH 9:00 AM, 5:15 PM, S 12:10 PM		
REC 2 (1 Hr.) M 5:15 PM, W 5:15 PM, 6:00 PM, TH 10:00 AM, 4:00 PM, 5:00 PM, S 1:10 PM		
ADV GYM – (1.5 Hr.) Ages 6+-\$275/session M 1:45 PM, 4:00 PM, T 2:15 PM, W 2:45 PM, TH 5:00 PM		
<b>BOY'S CLASSES - \$190/Session</b>		
Panthers (1 Hr.) (Age 4-6) M 4:30 PM		
Boys Gymnastics (1 Hr.) (Age 6-11) T 5:45 PM, W 5:00 PM		
PTA - \$525.00/Session Coach Recommended		
PTXCEL - \$495.00/Session		

Trial Class \$25	
Total Amount Due	

# 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

segoffice@aol.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)

For Office Use ER \_\_\_ M \_\_\_ S \_\_\_ B \_\_\_ E \_\_\_ DATE \_\_\_\_\_ TOTAL PAID \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Bank Draft \_\_\_\_\_