

2020-2021 SCHOOL YEAR SESSION SCHEDULE

August 17th, 2020 – June 12th, 2021

NO CLASSES 9/7/20, 11/24/20-11/26/20, 12/22/20-1/2/21, 5/31/21



REGISTRATION FORM

Honored to be named
Gymnastics National
Club of the Year
2014 & 2018

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

PRE-SCHOOL COED CLASSES	CLASS	TUITION
TYKES (45 min) (Ages 11/2 - 3) \$70/month **CURRENTLY NOT AVAILABLE**		
CUBS (50 min) (Ages 3 - 4) \$74/month M 1:30 PM, W 3:30 PM, S 10:00 AM		
COED CLASSES – \$82/Month		
TIGERS (50 min) (Ages 4 - 5) M 3:30 PM, T 5:45 PM, W 2:30 PM, 5:45 PM, TH 2:30 PM, 4:30 PM, S 11:00 AM		
TUMBLE (50 min) (Ages 6+) T 7:45 PM, W 4:45 PM, TH 6:45 PM, S 9:00 AM		
GIRL'S CLASSES – \$82/Month		
REC 1 (50 min) (Ages 6+) M 2:30 PM, 5:45 PM, T 2:30 PM, 4:45 PM, W 7:45 PM, TH 1:30 PM, 3:30 PM, 5:45 PM, S 12:00 PM		
REC 2 (50 min) (Ages 6+) M 4:45 PM, T 3:30 PM, W 6:45 PM		
ADV GYM – (1 hr 25 min) (Ages 6+) \$124.00/month M 6:45 PM, TH 7:45 PM		
BOY'S CLASSES - \$82/Month		
BOYS GYMNASTICS (50 min) (Ages 6-12) T 6:45 PM		
PTA - \$240.00/month Coach Recommended		
PTXCEL - \$240.00/month		

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 _____ Myself _____ (check one) (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 I 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 for me to participate in the above activities.

I understand the risks involved with contagious diseases including, but not limited to, those with pandemic involvement, and 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 as they relate to any personal illness, illness transmitted to others, and death or death of others resulting from all contagious diseases.

I agree to abide by the posted rules and regulations of Southeastern Gymnastics Inc, including those pertaining to financial responsibility, and agree to follow the instructions of the staff. I have read this release agreement and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature (Parent/Guardian) _____ Date: _____

Name (Print) _____

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

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