

2021-2022 SCHOOL YEAR SESSION SCHEDULE

August 23rd, 2021 – June 11th, 2022

NO CLASSES 9/6/21, 11/25/21-11/26/21, 12/23/21-1/1/22, 5/30/22



REGISTRATION FORM 2021-2022

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

Please complete one form per child

| PRE-SCHOOL COED CLASSES | CLASS | TUITION |
|---|-------|---------|
| TYKES (45 min) (Ages 1 1/2 - 3) \$80/month M 10:00 AM | | |
| CUBS (50 min) (Ages 3 - 4) \$80/month M 11:00 AM, 4:30 PM, S 9:00 AM, 11:00 AM | | |
| COED CLASSES – \$85/Month | | |
| TIGERS (50 min) (Ages 4 - 5) M 12:00 PM, 1:30 PM, 4:45 PM, 5:45 PM, 6:00 PM, T 2:15 PM, 2:45 PM, W 2:00 PM, 4:30 PM, 5:30 PM, TH 2:15 PM, 3:15 PM, 6:30 PM F 2:15 PM, S 9:00 AM, 1:00 PM | | |
| TUMBLE (50 min) (Ages 6+) M 6:45 PM, T 4:45 PM, W 7:30 PM, TH 5:30 PM, 6:30 PM | | |
| GIRL'S CLASSES – \$85/Month | | |
| REC 1 (50 min) (Ages 6+) \$85/month M 3:00 PM, 5:00 PM, T 3:00 PM, 3:45 PM, 4:00 PM, 5:00 PM, 5:30 PM, 6:00 PM, W 3:00 PM, 4:00 PM, 6:00 PM, 6:30 PM, TH 3:00 PM, 4:00 PM, 4:30 PM, S 10:00 AM | | |
| REC 2 (50 min) (Ages 6+) \$85/month M 4:00 PM, 4:00 PM, T 4:00 PM, W 5:00 PM, 5:30 PM, TH 5:00 PM, 5:30 PM, S 12:00 PM | | |
| ADV GYM – (1 hr 20 min) (Ages 6+) \$130.00/month T 7:00 PM, TH 6:00 PM, 7:30 PM | | |
| BOY'S CLASSES - \$85/Month | | |
| BOYS GYMNASTICS (50 min) (Ages 6-12) M 7:40 PM, T 6:00 PM, TH 4:15 PM | | |
| PTA - \$250.00/month Coach Recommended | | |
| PTXCEL - \$250.00/month | | |

| | |
|-------------------------|--|
| Registration Fee \$75 | |
| 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

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, Child) _____ 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) _____



Home of PAST, PRESENT and FUTURE CHAMPIONS

SCHOOL YEAR SESSION RECREATIONAL PROGRAM POLICY

- **ENROLLMENT COSTS:** A \$75 registration fee is collected for each student registering during the School Year Session (August – June). **THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.** Tuition is based on a 40-week class schedule. August and June tuition are both one half of the monthly tuition for the class selected. Tuition and registration fee are due at the time of registration.
- **FORMS OF PAYMENT:** Check, Visa, MasterCard, American Express, Discover and Debit Card are acceptable forms of payment. Cash payments require the exact amount. The convenience of monthly automatic draft is provided and the appropriate form must be completed, otherwise credit card information is not retained. There is a drop box in the gym next to the boy's restroom for checks.
- **Late Fee:** Tuition is **ALWAYS** due on or before the **1st of each month.** PAYMENTS RECEIVED AFTER THE 1ST OF THE MONTH WILL INCUR A \$15 LATE FEE THAT WILL AUTOMATICALLY BE APPLIED TO YOUR ACCOUNT. If paying by check allow for enough time to ensure that your check is received in our office by the 1st. A \$25 NSF fee will be charged for all returned checks.
- **Withdrawals:** **A two-week withdrawal notice, submitted in writing to the office, is required** in order to **withdraw** from class and to cease responsibility for payment. In addition, the student's account must be settled at the time of withdrawal. The registration fee will not be refunded and there will be no refunds for prorated tuition.
- **Trial Class:** A trial class may be taken for a charge of \$25.00. This amount does not apply toward the tuition or registration fee should you choose to enroll.
- **Make-up Class:** In case of absences, make-up classes are allowed for illness and family emergency only. YOU MUST FIRST CALL ON THE DAY OF THE ABSENCE TO NOTIFY THE OFFICE and call after to schedule the makeup.
- **Attire:** Leotards are always acceptable attire. Shorts and t-shirt may be worn, with the clothing somewhat snug fitting, and the t-shirt tucked in. The clothing should not have anything that could catch or bind such as buttons, buckles or zippers. Small post earrings are the only acceptable jewelry and hair must be worn in a ponytail or otherwise secured away from the face. Students do not wear shoes.
- **Gym Rules:** Please try to be prompt for class. Allow time for your child to dress, use the restroom and properly prepare for the class. No gum or food is allowed on the gym floor. All siblings must be well supervised. **ONLY REGISTERED STUDENTS ARE ALLOWED ON THE GYM FLOOR.**
- **No Pets:** Pets are not allowed in the gym or left tied up outside.
- **Campus Safety:** **Please walk your child to and from class. Do not park in front of the gym or leave your vehicle running unattended.** **EXTREME CAUTION MUST BE USED WHILE DRIVING ON CAMPUS GROUNDS.**
I HAVE READ AND UNDERSTAND THE TEAM POLICIES AND AGREE TO ABIDE BY THEM.

Parent/Guardian signature: _____

Date: _____



REC - AUTO PAYMENT FORM

Student Name(s): First _____ Last _____
Parent Name: First _____ Last _____
Address: _____ City/State/Zip _____
Email: _____

Please complete the information below, selecting Option 1 or 2. Payments will be processed on the 1st of each month. The debit to your account will be the tuition amount for your class selection or Team placement. Please refer to the current school year session form for the appropriate amount due. The following information will be held confidential.

OPTION 1: Automatic Credit Card or Debit Card Authorization

Please provide the following information:

Visa _____ MasterCard _____ Discover _____ Amex _____
Name on Card: _____
Card Number: _____
Expiration Date: ____/____/____ Billing Address: _____ City/State: _____
Security Code: _____ Billing Zip Code: _____

I hereby authorize Southeastern Gymnastics, Inc. to collect monthly tuition, yearly registration fee and other client approved charges from the credit card account listed above. I am aware that this will occur on the first of each month. To discontinue this service, I must submit written notice of withdrawal from the program two weeks (30 days for team) in advance. In the event of a declined payment, a \$25 fee will apply.

Signature: _____ Date: _____

OPTION 2: Automatic Bank Transfer Authorization Form

Please provide the following information and a **voided check**:

Financial Institution: _____
Routing Number: _____ (first set of numbers)
Account Number: _____ (middle set of numbers)
Account Type: _____ Checking _____ Savings _____ Consumer _____ Business

I hereby authorize Southeastern Gymnastics, Inc. to collect monthly tuition, yearly registration fee and other client approved charges from the account listed above. I am aware that this will occur on the first day of each month. To discontinue this service, I must submit written notice of withdrawal from the program two weeks (30 days for team) in advance. In the event of insufficient funds, a \$25 fee will apply.

Signature: _____ Date: _____

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