

2022 SUMMER SESSION SCHEDULE

June 13th – August 20th

TUITION IS FOR THE ENTIRE NINE WEEK SESSION

If registering after the session begins,
tuition amounts will be prorated for the remainder of the session

NO CLASSES JULY 4TH WEEK, 7/1/2022 – 7/8/2022 (CLASSES RESUME 7/9/2022)

PRE-SCHOOL & KINDERGARTEN COED CLASSES	CLASS	TUITION
Tykes + Cubs (50 min) (Ages 2 1/2-4) \$200/session T 5:00 PM, W 4:00 PM, S 9:00 AM		
Tigers (50 min.) (Ages 4 - 5) \$225/session M 4:00 PM, T 3:00 PM, W 3:00 PM, 6:00 PM, TH 5:00 PM, S 10:00 AM		
GIRL'S CLASSES		
REC 1 (50 min. Ages 6+) \$225/session M 3:00 PM, T 4:00 PM, W 5:00 PM, TH 6:00 PM, S 11:00 AM		
REC 2 (50 min. Ages 6+) \$225/session M 5:00 PM, T 6:00 PM, TH 3:00 PM, 4:00 PM, S 12:00 PM		
ADV GYM – (1 hr 20 min. Ages 6+) \$325/session M 6:00 PM, W 6:00 PM		
SCHOOL AGE CLASSES		
TUMBLE – (50 min. Ages 6+) \$225/session T 5:00 PM, W 4:00 PM, TH 5:00 PM		
Boys Gymnastics (50 min. Ages 6+) \$225/session TH 4:00 PM		
PTA - \$560.00/Session Coach Recommended		
PTXCEL - \$560.00/Session		

Trial Class \$25	
Total Amount Due	

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

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



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

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 _____ 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) _____