

APEX GYMNASTICS

2009 Summer Class Registration

June 1 – August 1

Child's Name _____ Sex: _____ Age: _____ DOB ____ / ____ / ____
 Parent's Name: _____ Home # _____
 Parent's Address: _____ City _____ Zip _____
 Employer: _____ (Work #): _____ (Cell #): _____
 Email Address: _____ Emergency _____
 Contact: _____ # _____

How Did You Hear About Us? _____

CIRCLE CLASS(ES) YOU WILL ATTEND

<p><u>4-5 Year Old</u></p> <p><i>Tues. 4:30-5:25</i> <i>Sat. 10:00-10:55</i></p>	<p><u>Boys 5-7 Year Old</u></p> <p><i>Thur. 5:30-6:25</i></p>	<p><u>Tumbling</u></p> <p><i>Beginner</i> <i>Tues. 6:30-7:25</i></p>	<p><b style="color: red;">Check sessions attending</p> <p>____ 1 Week of June 1</p> <p>____ 2 Week of June 8</p> <p>____ 3 Week of June 15</p> <p>____ 4 Week of June 22</p> <p style="text-align: center;"><i>GYM CLOSED</i> <i>WEEK OF JUNE 29 – JULY 5</i></p> <p>____ 5 Week of July 6</p> <p>____ 6 Week of July 13</p> <p>____ 7 Week of July 20</p> <p>____ 8 Week of July 27</p> <p>____ TOTAL # OF WEEKS</p>
<p><u>Girls 6-8 Year Old</u></p> <p><i>Tues. 6:30-7:25</i> <i>Thur. 5:30-6:25</i> <i>Sat. 11:00-11:55</i></p>	<p><u>Boys 8-13 Year Old</u></p> <p><i>Thur. 6:30-7:25</i></p>	<p><i>Intermediate Advance</i> <i>(Invite only)</i> <i>Mon. 4:30-5:25</i> <i>Wed. 4:30-5:25</i></p>	
<p><u>Girls 9 and Up</u></p> <p><i>Thur. 6:30-7:25</i></p>		<p><i>Advanced (Invite Only)</i> <i>Fri. 4:30-5:25</i></p>	
<p><u>Advanced Rec (Invite Only)</u></p> <p><i>Mon. 4:30-6:00</i></p>		<p><i>High School</i> <i>Tues. 7:30-8:25</i></p>	
		<p><i>Adult</i> <i>Mon. 8:00-8:55</i></p>	

Membership Waiver

The undersigned acknowledges the existence of certain inherent risks in this type of training and hereby agrees to assume all risks him/herself. He/she further relieves Apex Gymnastics, its management, assigned instructors, and all others concerned from any liability resulting from personal injury and/or loss of personal property. The student acknowledges that rules and regulations governing the institute have been adopted and may be changed from time to time, and the student/parent/guardian agrees to abide by all such rules and regulations adopted, including the time scheduled for instruction and use of the club as posted.

Does your child have a chronic condition (i.e. Asthma, ADD/ADHD) that requires medication, or injury within the past 12 months (i.e. broken bone, severe sprain)? If yes, please explain: _____

Does your child have any allergies? _____

Please check one of the following:

____ Yes, I give permission to use any photographs of my child for promotional materials.

____ No, I do not give permission to use any photographs of my child for promotional materials.

Parent hereby stipulates that child is physically sound and has medical approval to proceed with classes. I agree to the above membership policies and all gym policies.

Parent/guardian signature

Date

Check or Credit Card Only.

Summer Session Prices:
 4 Weeks of class **\$65.00**
 Each additional class is **\$16.25**
(Ex. 5 weeks=\$81.25, 6 weeks= \$97.50, etc.)

FOR OFFICE USE ONLY	
Total Bill: _____	
Amount Paid: _____	Date Paid: _____
Form of Payment: _____	Balance: _____