

APEX GYMNASTICS

2010 SUMMER RECREATIONAL CLASS SCHEDULE AND FEES

June 1, 2010 – August 28, 2010

CLASS	MON	TUES	WED	THURS	FRI	SAT
PRE-SCHOOL GYMNASTICS						
3 yrs old (45 min)		5:30				
4-5 yrs old (55 min)		4:30				10:00
GIRLS GYMNASTICS						
6-7 yrs old (55 min)		4:30		4:30		11:00
8-9 yrs old (55 min)		6:30		5:30		
10-11 yrs old (55 min)		7:30		6:30		
12 & Up (55 min)				7:30		
BOYS GYMNASTICS						
6-7 yrs old (55 min)				5:30		
8-13 yrs old (55 min)		6:30		4:30		
TUMBLE						
Beginner – 6-8 yrs old (55 min)						9:00
Beginner – 9-12 (55 min)				6:30		
Intermediate Advanced - 6 & Up (55 min) (Invite Only)				7:00	4:00	
Tumble 13 & Up (55 min)	7:00	7:00				
RHYTHMIC GYMNASTICS						
3-5 yr old (45 min)						9:00
6-8 yrs old (55 min)						10:00
9-12 yrs old (85 min)						11:00

Hours / Week	Monthly Tuition
45 minutes / once a week	\$65
55 minutes / once a week	\$70
85 min class / once a week	\$85
55 min class / twice a week	\$100

DISCOUNTS!!!

**NO REGISTRATION FEE
FOR SUMMER CLASSES!!!**

Tuition Discount for Multiple Students

Families who register more than one child will receive a \$5 monthly discount off each additional sibling's class.



1013 Investment Blvd.
Apex, NC 27502
919-303-7976

www.apexgymnastics.com

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2010 SUMMER RECREATIONAL CLASS REGISTRATION June 1, 2010 – August 28, 2010

Child #1 _____ Sex: ___ Age: _____ DOB ___/___/___

Child #2 _____ Sex: ___ Age: _____ DOB ___/___/___

Child #3 _____ Sex: ___ Age: _____ DOB ___/___/___

Mother's Name: _____ Father's Name: _____

Home # _____ Mom's Cell # _____ Dad's Cell # _____

Parent's Address: _____ City _____ Zip _____

Mom's Employer: _____ Work # _____

Dad's Employer: _____ Work # _____

Email Address: _____

Emergency Contact: _____ Home # _____ Cell # _____

How Did You Hear About Us? _____

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

FOR OFFICE USE ONLY:

Child #1 – Class Name: _____ Day: _____ Time: _____ Start Date: _____

Child #2 – Class Name: _____ Day: _____ Time: _____ Start Date: _____

Child #3 – Class Name: _____ Day: _____ Time: _____ Start Date: _____

APEX GYMNASTICS
CHECKING OR SAVINGS ACCOUNT AUTO DRAFT FORM

STUDENT'S NAME _____

PARENT'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME # _____ CELL # _____

_____ **AUTOMATICALLY** debit my Checking Account or Savings Account every month

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR OUR RECORDS.
CHECKING ACCOUNT DEPOSIT SLIPS ARE NOT ACCEPTABLE.

I hereby authorize Apex Gymnastics to initiate debit entries from my checking or savings account for any and all applicable fees charged to me by Apex Gymnastics. IF YOU CHANGE BANK ACCOUNTS, PLEASE NOTIFY THE OFFICE STAFF OF THE CHANGE BY PROVIDING A NEW VOIDED CHECK OR SAVINGS DEPOSIT SLIP.

BANK NAME _____

Routing # _____ Acct# _____

This is to remain in full force and effect until Apex Gymnastics has received written notification from me of its termination at least 30 days prior to my draft date.

Your account will be drafted on the 1st of each month. If the draft date falls on a Saturday or Sunday, your account will be drafted on the Friday prior to the draft date. Should your draft not go through on the first attempt, payment will be presented a second time within 24 to 48 hours. Please be advised that Apex Gymnastics will not be responsible for any bank fees that occur during these presentations. Should any draft be returned unpaid, I understand there will be a \$35.00 service charge added to my account. If payment is not received before the 8th of the month in which payment is due, I understand there will be an additional \$20 late fee added to my account.

By signing below, I acknowledge that I have read and understand all policies and procedures with regard to this draft.

MEMBER SIGNATURE _____ DATE _____