

# APEX GYMNASTICS

## 2010 SUMMER RECREATIONAL CLASS SCHEDULE AND FEES

June 1, 2010 – July 31, 2010

CLASS	MON	TUES	WED	THURS	FRI	SAT
<b>PRE-SCHOOL GYMNASTICS</b>						
3 yrs old (45 min)		5:30				
4-5 yrs old (55 min)		4:30				10:00
<b>GIRLS GYMNASTICS</b>						
6-7 yrs old (55 min)		4:30		4:30		11:00
8-9 yrs old (55 min)		6:30		5:30		12:00
10-11 yrs old (55 min)		7:30		6:30		
12 & Up (55 min)				7:30		
High School Prep Opt. (90 min)			7:30			
<b>BOYS GYMNASTICS</b>						
5-7 yrs old (55 min)		5:30		5:30		
8-13 yrs old (55 min)		6:30		4:30		
<b>TRAMP &amp; TUMBLE</b>						
Beginner – 6-8 yrs old (55 min)						9:00
Beginner – 9 & Up (55 min)				6:30		
Intermediate Advanced - 6 & Up (55 min) (Invite Only)	4:30		4:30			
High School (55 min)	8:00	7:30				
<b>RHYTHMIC GYMNASTICS</b>						
5-7 yrs old (55 min)						10:00
9-12 yrs old (55 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

### Tuition Discount for Multiple Students

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

### DISCOUNTS!!!

Sign-up by April 30  
And Receive

\$5 Off July Tuition

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



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

[www.apexgymnastics.com](http://www.apexgymnastics.com)

# APEX GYMNASTICS

## 2010 SUMMER RECREATIONAL CLASS REGISTRATION June 1, 2010 – July 31, 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: \_\_\_\_\_

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