



Winter 2021 Gymnastics Registration Form January 4th to March 28th

Class Schedule and Fees:

Class	Cost	Code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Parent & Tot 18 months - 3 yrs	\$228	PTW	9:15 - 10:15	9:15 - 10:15	9:15 - 10:15		9:15 - 10:15	9:00 - 10:00 10:15 - 11:15	9:00 - 10:00 10:15 - 11:15
Kinder 3yrs. - 4yrs	\$228	KW	10:30 - 11:30	6:00 - 7:00	10:30 - 11:30	5:30 - 6:30	10:30 - 11:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30
1 Hour Rec 4yrs - 6yrs	\$228	1HRW	6:00 - 7:00	7:00 - 8:00	6:00 - 7:00	5:00 - 6:00	5:00 - 6:00	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30
1.5 Hour Rec 5yrs. - 7yrs.	\$312	1.5HRW	4:30 - 6:00	4:30 - 6:00	4:30 - 6:00	6:30 - 8:00	5:00 - 6:30	10:00 - 11:30	10:00 - 11:30
2 Hour Rec 8yrs - 12yrs and 13yrs - 16yrs	\$372	2HRW	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	12:00 - 2:00	10:00 - 12:00
Bounce & Tumble 8yrs and up	\$228	TTW	7:00 - 8:00		7:00 - 8:00			11:30 - 12:30	1:00 - 2:00
*Advanced Gymnastics 6yrs. - 10 yrs.	\$480	ARW							*1:00 - 4:00
Adult Class 18yrs and up	\$228	ACW					7:00 - 8:00		

*This program is by invitation only. Please contact us to have your child assessed.

Note: Class fees do not include HST and Yearly \$35 Insurance/Registration Fee (Jan - Dec). **NO REFUNDS AFTER THE FIRST CLASS**

Participant Information:

Last Name: _____ First Name: _____

Date of Birth: (MM/DD/YYYY) _____ Age: _____ Sex: M or F _____

Special Needs: _____

Medication/Allergies: _____

Parent/Guardian and Emergency Contact Information:

Last Name: _____ First Name: _____

Address: _____ Apt: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell #: _____

Email Address: _____

Emergency Contact Name: _____ Phone #: _____

How did you hear about us? _____

Class and Payment Information:

Class	Code	Day	Time	Rate
				DISCOUNTED RATE (IF APPLICABLE):
All payment installments are to be paid in full by March 1st, 2021. Initial _____				INSURANCE/REGISTRATION: \$35.00
Credit Card #: _____				SUBTOTAL:
Expiry Date: _____ CVV: _____				HST:
				TOTAL: