

opt out of pictures and videos for premptional use:

Fall 2025 Gymnastics Registration September 2nd-December 21st

Class	Cost	Code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Rock and Rollers 6 - 18 months	\$338				11:15-12:00		11:15-12:00		
Parent & Tot 18 months - 3yrs	\$451	PTF	9:15 - 10:15	9:15 - 10:15				9:00 - 10:00 10:15 - 11:15 11:30 - 12:30	9:00 - 10:00 10:15 - 11:15 11:30 - 12:30
Kinder 3yrs - 4yrs	\$451	KF	10:30 - 11:30	10:30 -11:30	5:00 - 6:00	5:30 - 6:30		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	\$451	1HRF	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.	\$608	1.5HRF	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+	\$696	2HRF	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	6:00 - 8:00	4:30 - 6:30	11:30 - 1:30	10:00 - 12:00
Tumble & Bounce 8yrs+	\$451	TTF	7:00 - 8:00		7:00 - 8:00				
*Advanced Gymnastics (Invitation Only) Twice a week option available \$1200	\$800	ARF					*6:00 - 9:00		*1:00 - 4:00
*Advanced Minis (Invitation Only)	\$640	AMF	*6:00 - 8:00						
Cartwheel Basics	\$451			6:00 - 7:00					
Parkour Warriors 5yrs - 9yrs	\$451	PW						11:45 - 12:45	
Rising stars (Special Needs Program)	\$555	SNP FA						2:30 -3:30 3:30 - 4:30	

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*This program is by invitation	on only. F	Please cont	act us to have you	ır child assesse	d.							
*Make up classes are provided based on availability.												
Participant												
Last Name:					First Name:							
Date of Birth:	of Birth: Age:						Sex: M or F					
Special Needs:												
Medication/Allergies:												
Parent/Guardian and E	mergen	cy Conta	ct Information:									
Last Name:					First Name:							
Address:	ddress:			Apt:	City:		PostalCode:					
Home Phone:					Cell #:							
*Email Address:												
Emergency Contact						Phone #:						
How did you hear about us?												
Class and Payment Inf	ormatio	n:										
Class	-		Code	Da	Day Time		me	Rate				
Credit Card #:		1				1	SUBTOTAL:					
Expiry Date:		CVV:				. HST:						
Note: Class fees do not include HST. No refunds after the first class.							TOTAL:					