

Winter 2026 Gymnastics Registration January 5th - April 5th

| Class | Cost | Code | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|-------|--------|---------------|--------------|-------------|-------------|--------------|--|--|
| Rock and Rollers 6 - 18 months | \$275 | | | | 11:15-12:00 | | 11:15-12:00 | | |
| Parent & Tot 18 months - 3yrs | \$367 | 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 | \$367 | 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 | \$367 | 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. | \$494 | 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+ | \$567 | 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+ | \$367 | TTF | 7:00 - 8:00 | | 7:00 - 8:00 | | | | |
| *Advanced Gymnastics (Invitation Only) Twice a week option available \$980 | \$650 | ARF | | | | | *6:00 - 9:00 | | *1:00 - 4:00 |
| *Advanced Minis (Invitation Only) | \$520 | AMF | *6:00 - 8:00 | | | | | | |
| Cartwheel Basics | \$367 | | | 6:00 - 7:00 | | | | | |
| Parkour Warriors 5yrs - 9yrs | \$367 | PW | | | | | | 11:45 - 12:45 | |
| Rising stars (Special Needs Program) | \$451 | SNP FA | | | | | | 2:30 -3:30 3:30 - 4:30 | |

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

opt out of pictures and videos for premptional use: ___

| Participant | | | | | | | |
|---|-----------------------|---------|----------|-------------|------|--|--|
| Last Name: | | t Name: | ame: | | | | |
| Date of Birth: | | Age: | | Sex: M or F | | | |
| Special Needs: | | | | | _ | | |
| Medication/Allergies: | | | | | | | |
| Parent/Guardian and Emergency | y Contact Information | ı: | | | | | |
| Last Name: | | First | t Name: | | | | |
| Address: | | Apt: | City: | PostalCode: | | | |
| Home Phone: | | Cell | #: | | | | |
| *Email Address: | | | | | | | |
| Emergency Contact Name: | | | Phone #: | | | | |
| How did you hear about us? | | | | | | | |
| Class and Payment Information: | | | | | | | |
| Class | Code | Day | | Time | Rate | | |
| 1 | | | | | | | |
| Credit Card #: Expiry Date: | V/V· | | HST: | SUBTOTAL: | | | |
| Note: Class fees do not include HST. No refunds after the | | | TOTAL: | | | | |
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