

698 LIBERTY RD
FLOWOOD, MS 39232

COURTHOUSE GYMNASTICS 2010 SUMMER SCHEDULE

PHONE (601) 932-6680
FAX (601) 936-9182

WWW.COURTHOUSEGYMNASTICS.COM

CLASS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
PRE-SCHOOL (GIRLS AND BOYS)				
AGE 3,4 AND 5 (CHILDREN ARE DIVIDED BY AGE)	9:00-10:00 11:00-12:00	4:00-5:00 5:00-6:00	9:00-10:00	4:00-5:00 5:00-6:00 6:00-7:00
AGES 4 AND 5 ONLY	10:00-11:00	6:00-7:00	10:00-11:00 11:00-12:00	
MOM & ME 2 YEAR OLDS			10:15-11:00 (mom & me)	
TRANSITIONAL INVITATION ONLY				
			9:00-10:00	5:00-6:00
BOYS PRESCHOOL: AGES 4 AND 5 ONLY				
	9:00-10:00	5:00-6:00		
GIRLS (AGES 6 AND UP)				
BEGINNER:	9:00-10:00 10:00-11:00 11:00-12:00	4:00-5:00 5:00-6:00 6:00-7:00	9:00-10:00 10:00-11:00 11:00-12:00	4:00-5:00 5:00-6:00 6:00-7:00
ADVANCED BEGINNER: (INVITATION ONLY)	9:00-10:00 11:00-12:00	4:00-5:00 6:00-7:00	11:00-12:00	4:00-5:00 6:00-7:00
INTERMEDIATE: (INVITATION ONLY)	10:00-11:15	5:00-6:15	10:00-11:15	5:00-6:15
BOYS BEGINNER & ADVANCED (ADV. INVITATION) (AGES 6 AND UP)	10:00-11:00	4:00-5:00 (ADV)	9:00-10:00	4:00-5:00 (ADV) 6:00-7:00
TUMBLING: (AGES 7 AND UP) 1st session tumbling classes will <u>start June 7th</u> and run until July 1st				
BEGINNER:	11:00-12:00	5:00-6:00	10:00-11:00	4:00-5:00
INTERMEDIATE:	10:00-11:00	4:00-5:00 6:00-7:00	11:00-12:00	
ADVANCED:		6:00-7:00		6:00-7:00
STRENGTH & SPEED CLASS				
AGES 8 & UP	11:00-12:00	5:00-6:00	11:00-12:00	5:00-6:00
SEE BACK FOR IMPORTANT INFORMATION!!! FALL REGISTRATION WILL BEGIN JULY 10 TH				

**COURTHOUSE GYMNASTICS
2010 SUMMER PROGRAM**

REGISTRATION FOR SUMMER 2010 WILL BEGIN APRIL 12th . DURING OUR REGULAR BUSINESS HOURS (12:00-6:00). REGISTRATION FORMS RECEIVED BEFORE **April 12th** AT 12:00 WILL BE PROCESSED AT THE END OF THE DAY ON THE 12TH. IF YOU CAN NOT MAKE IT TO OUR FACILITY YOU ARE WELCOME TO MAIL YOUR INFORMATION.

SUMMER CLASSES WILL BEGIN JUNE 1ST . **WE WILL MAKE-UP MONDAY MAY 31ST CLASSES SATURDAY JUNE 5TH**.

PRESCHOOL BOYS/GIRLS	9:00 A.M.
BEGINNER, ADV. GIRLS/BOYS	10:00
TUMBLING	10:00
<i>SPEED & STRENGTH</i>	9:00

WE WILL OFFER 8 WEEKS OF CLASSES THIS SUMMER.

*****THIS SUMMER WE WILL OFFER TWO SCHEDULING CHOICES:**

1. A SESSION SCHEDULE WHERE YOU COME THE SAME DAY AND TIME FOR FOUR CONSECUTIVE WEEKS.

**** THERE ARE NO MAKE-UPS WITH THIS CHOICE UNLESS WE CANCEL A CLASS.**

PRICES FOR 4 WEEK SESSION

1 FOUR WEEK SESSION	\$65.00 FOR 1 SESSION (PAID AT TIME OF REGISTRATION)
2 FOUR WEEK SESSIONS	\$120.00 FOR 2 SESSIONS(PAID AT TIME OF REGISTRATION)
	\$15.00 REGISTRATION FEE (DO NOT OWE IF REG. IN 2009/10 FALL/SPRING PROGRAM)
	\$10 DISCOUNT FOR 2 ND 3 RD ETC. CHILDREN WITHIN A FAMILY ON TUITION

SESSION 1 JUNE 1ST - 25TH MONDAY MAY 31ST CLASSES WILL BE MADE UP JUNE 5TH.

All tumbling classes will start the week of June 7th and run thru July 1st

SESSION 2 JULY 5TH - 30TH

2. A FLEXIBLE SCHEDULE WHERE YOU COME A MINIMUM OF 4 TIMES OVER THE 8 WEEKS OF THE SUMMER, ON DAYS AND TIMES YOU CHOOSE. **MUST GIVE DATES/ TIMES ON SCHEDULING SHEET AT TIME OF REG.**

*****IF YOU NEED TO CANCEL AND RE-SCHEDULE ANY CLASSES YOU MUST CANCEL 48 HOURS IN ADVANCE AND FILL OUT A CHANGE FORM. THERE IS A \$1.00 PROCESSING FEE FOR EACH CHANGE FORM TURNED IN.**

PRICES FOR FLEXIBLE SCHEDULE \$75.00 FOR 4 CLASSES (PAID AT TIME OF REGISTRATION)
\$140.00 FOR 8 CLASSES (PAID AT TIME OF REGISTRATION)
\$15.00 REGISTRATION FEE(DO NOT OWE IF REG. IN 2009/2010 FALL PROGRAM)
\$10 DISCOUNT ON FOR 2ND 3RD ETC. CHILDREN WITHIN A FAMILY ON TUITION

*******WHEN YOU HAVE COMPLETED YOUR CLASSES YOU PAID FOR AT REGISTRATION, YOU CAN PAY AND SIGN UP FOR ADDITIONAL CLASSES. YOU MAY PAY FOR ANOTHER SESSION OR 4 MORE FLEXIBLE CLASSES, PRICES ARE LISTED ABOVE. ADDITIONAL INDIVIDUAL CLASSES ARE \$16.25 EACH NO MATTER WHICH CLASS OPTION YOU CHOOSE.**

*****TUITION AND \$15 REGISTRATION ARE NON-REFUNDABLE AND NON-TRANSFERABLE.*****

STUDENTS THAT PAID A REGISTRATION FEE IN THE FALL OF 2009/10 DO NOT HAVE TO PAY A SUMMER REGISTRATION.

WE WILL BE CLOSED FOR CLASSES THE WEEK OF JUNE 28TH - JULY 4TH .

****** 1ST session tumbling classes will attend classes during this week!!!!*******

PLEASE FILL OUT A SUMMER CLASS FORM (EVERYONE MUST FILL OUT) AND A REGISTRATION FORM (IF NOT ENROLLED IN FALL 2009/2010 CLASSES) AND RETURN IT TO OUR OFFICE WITH YOUR PAYMENT.

WE WILL NOT PROCESS ANY INCOMPLETE FORMS OR FORMS WITHOUT MONEY.

*****WE RESERVE THE RIGHT TO CANCEL ANY CLASS THAT DOES NOT FILL*****

2010 FALL REGISTRATION WILL BEGIN JULY 10.

COURTHOUSE GYMNASTICS
SUMMER CLASS SCHEDULE FORM 2010

CHILDS
NAME: _____ AGE _____ PHONE # _____
FIRST (PLEASE PRINT ALL INFO) LAST

EMAIL ADDRESS _____ (PRINT CLEARLY)

**** PLEASE USE ONE FORM PER CHILD****

PLEASE CHECK YOUR SCHEDULING CHOICE.

TUITION & \$15 REGISTRATION FEE ARE DUE AT
TIME OF REGISTRATION.

SESSION _____ FLEXIBLE _____

IF REG. FOR 09/10 SCHOOL YEAR CLASSES NO REG. FEE IS DUE.

1. SESSION PLAN: ***THERE ARE **NO MAKE-UPS WITH THIS PLAN**, EXCEPT IF WE CANCEL A CLASS.

PLEASE MARK THE APPROPRIATE LINE BELOW IF YOU HAVE CHOSEN THE SESSION PLAN.

SESSION 1 _____

SESSION 2 _____

MAY 31ST-JUNE 25TH (MEMORIAL DAY MAKE-UP 6/5)

JULY 5TH -30TH

TUMBLING CLASSES WILL NOT START UNTIL JUNE 7TH

DAY/TIME _____ / _____

ONE 4 WEEK SESSION \$65.00 TWO 4 WEEK SESSIONS \$120.00
(PAID AT TIME OF REGISTRATION)

CLASS LEVEL _____
PRESCHOOL ,BEG., TUMBLER....

2. FLEXIBLE PLAN:

4 CLASSES 75.00

8 CLASSES \$140.00

TUITION PAID AT TIME OF REGISTRATION

PLEASE FILL IN THE DATE/TIME/CLASS LEVEL THAT YOU WILL ATTEND.

EXAMPLE : DATE: JUNE 7 DAY/TIME/CLASS LEVEL: WED. 9:00 PRESCHOOL

1.DATE: _____ DAY/TIME/CLASS LEVEL: _____

2.DATE: _____ DAY/TIME/CLASS LEVEL: _____

3.DATE: _____ DAY/TIME/CLASS LEVEL: _____

4.DATE: _____ DAY/TIME/CLASS LEVEL: _____

5.DATE: _____ DAY/TIME/CLASS LEVEL: _____

6.DATE: _____ DAY/TIME/CLASS LEVEL: _____

7.DATE: _____ DAY/TIME/CLASS LEVEL: _____

8.DATE: _____ DAY/TIME/CLASS LEVEL: _____

***PLEASE KEEP A COPY OF YOUR DATES. IT IS TOO TIME CONSUMING ON OUR PART TO REVIEW EVERYONES SCHEDULE WITH THEM.**

IF A CLASS HAS FILLED THAT YOU SCHEDULED WE WILL CALL YOU.

YOU WILL BE EXPECTED TO ATTEND THE DATES AND TIMES YOU HAVE LISTED ABOVE. **IF YOU NEED TO CHANGE A DATE OR TIME YOU MUST DO SO 48 HOURS IN ADVANCE.** YOU MUST ALSO FILL OUT A "CHANGE FORM" TO RESCHEDULE THAT CLASS. THERE IS A \$1.00 PROCESSING FEE FOR EACH CHANGE FORM TURNED IN. **DATES CAN ONLY BE CHANGED IF YOU CHOOSE FLEX PLAN.**

IF YOU **ARE NOT** REGISTERED FOR THE **2009-2010** SCHOOL YEAR YOU **MUST FILL OUT A PURPLE COLORED REGISTRATION FORM AND PAY THE \$15 REGISTRATION FEE.**

TUITION AND REGISTRATION FEE ARE NON-REFUNDABLE AND NON-TRANSFERABLE

*****We reserve the right to cancel any class that does not fill.*****

I UNDERSTAND HOW EACH PLAN WORKS AND WILL FOLLOW COURTHOUSE GYMNASTICS GUIDELINES.

X SIGNATURE _____ **DATE** _____

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COURTHOUSE GYMNASTICS CO. REGISTRATION FORM SUMMER

(601) 932-6680 FAX (601) 936-9182
WWW.COURTHOUSEGYMNASTICS.COM

OFFICE USE ONLY
REG _____
MONTHLY _____
TOTAL _____
CHECK# _____

2010

THIS FORM MUST BE FILLED OUT COMPLETELY (FRONT AND BACK) BY PARENT OR LEGAL GUARDIAN. IF IT IS NOT FILLED OUT COMPLETELY IT WILL NOT BE PROCESSED.

GENERAL INFORMATION: PLEASE PRINT!!

CHILD'S NAME _____ BIRTHDATE ____/____/____ SEX _____ AGE _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE # _____ MOTHERS CELL # _____ FATHERS CELL # _____

SCHOOL _____ EMAIL ADDRESS _____ (FOR NOTES & ACCOUNT INFO)

MOTHER _____ OCCUPATION _____ WORK # _____

FATHER _____ OCCUPATION _____ WORK # _____

FAMILY PHYSICIAN _____ PHONE # _____

HOPITALIZATION INSURANCE _____ POLICY # _____

EMPLOYER CARRYING INSURANCE _____

IN CASE OF EMERGENCY, OTHER THAN PARENT (REQUIRED):

NAME _____ PHONE #'S _____ / _____

PAYMENT POLICY:

THE COURTHOUSE GYMNASTICS CO. DOES NOT BILL UNLESS PAYMENTS ARE LATE. ALL PAYMENTS ARE DUE ON THE 1ST OF THE MONTH AND LATE AFTER THE 10TH. THERE IS A \$10 LATE FEE FOR ALL CHECKS RECEIVED AFTER THE 10TH. WE ALSO CHARGE A \$15 RETURNED CHECK FEE FOR EACH RETURNED CHECK. WITHDRAWALS MUST BE IN WRITING WITH A TWO WEEK ADVANCED NOTICE TO AVOID BEING CHARGED FOR CLASSES THAT WERE NOT ATTENDED.

PERSON RESPONSIBLE FOR PAYMENTS _____ PHONE # _____

PARENTAL AUTHORIZATION:

I, PARENT OR GUARDIAN OF THE ABOVE NAME WARD, HEREBY GIVE APPROVAL FOR SAID WARD TO PARTICIPATE IN ANY AND ALL ACTIVITIES OF THE COURTHOUSE GYMNASTICS CO. I ASSUME ALL RISK AND HAZARD INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM PLACES OF ACTIVITIES, AND AT PLACES OF ACTIVITIES, ALSO INCLUDED ARE EXHIBITIONS, OR PLACES OF ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS ANY ORGANIZATION (THE COURTHOUSE GYMNASTICS CO., OFFICERS, MEET DIRECTORS, SPONSORS, SUPERVISORS, COACHES, PARTICIPANTS AND PERSON TRANSPORTING THE WARD TO AND FROM ACTIVITIES) FOR ANY CLAIM ARISING OUT OF ANY INJURY TO THE GYMNAST/CHEERLEADER.

I ALSO VERIFY THAT MY CHILD HAS HAD A PHYSICAL EXAMINATION WITHIN THE PAST YEAR, AND FULL PARTICIPATION HAS BEEN APPROVED BY THE PHYSICIAN.

I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM LICENSED PHYSICIAN OR MEDICAL CLINIC SHOULD THE WARD BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES AWAY FROM THE HOME OR AT ALL TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY.

I UNDERSTAND THAT THE VERY NATURE OF THE ACTIVITY GYMNASTICS/CHEERLEADING CARRIES A RISK OF PHYSICAL INJURY. NO MATTER HOW CAREFUL THE GYMNAST/CHEERLEADER AND THE COACH ARE, NO MATTER HOW MANY SPOTTERS ARE USED, NO MATTER WHAT HEIGHT IS USED OR WHAT LANDING SUFACE EXISTS, THE RISK CANNOT BE ELIMINATED. REDUCED YES, BUT NEVER ELIMINATED. THE RISK OF INJURY INCLUDES MINOR INJURIES SUCH AS BRUISES, AND MORE SERIOUS INJURIES SUCH AS BROKEN BONES, DISLOCATIONS, AND MUSCLE PULLS. THE RISK ALSO INCLUDES AND ALWAYS INCLUDES CATASTROPHIC INJURIES SUCH AS PERMANENT PARALYSIS OR EVEN DEATH FROM LANDING OR FALLS ON BACK OR NECK.

I HEREBY UNDERSTAND AND AGREE TO THE ABOVE INFORMATION

X SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

PARTICIPANT'S MEDICAL HISTORY

*******SIGNATURE REQUIRED AT BOTTOM*******

PLEASE CIRCLE "YES" OR "NO" AND PROVIDE ADDITIONAL INFORMATION WHERE REQUESTED. ALL INFORMATION WILL BE CONFIDENTIAL.

1. ARE YOU ALLERGIC TO ANY MEDICATION? (ASPIRIN, PENICILLIN, ETC....)
NO YES (LIST AND EXPLAIN)_____

2. DO YOU TAKE A PRESCRIBED MEDICATION ON A PERMANENT OR SEMI-PERMANENT BASIS?
NO YES (LIST AND GIVE REASON)_____

3. HAVE YOU EVER HAD EPILEPTIC SEIZURES OR BEEN TOLD BY A DOCTOR THAT YOU HAVE EPILEPSY?
NO YES (LIST MEDICATIONS)_____

4. HAVE YOU EVER BEEN TREATED FOR DIABETES?
NO YES (LIST MEDICATIONS)_____

5. HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE ASTHMA?
NO YES (LIST MEDICATION)_____

6. HAVE YOU HAD A CONCUSSION OR HEAD INJURY IN THE PAST 3 YEARS?
NO YES (LIST DATES & EXPLAIN)_____

7. HAVE YOU HAD ANY BROKEN BONES OR FRACTURES IN THE PAST 2 YEARS?
NO YES (LIST DATES & INJURY)_____

8. HAVE YOU HAD ANY BACK, KNEE, SHOULDER, ANKLE, OR WRIST INJURIES IN THE PAST 2 YEARS?
NO YES (LIST DATES AND INJURY)_____

9. DO YOU HAVE ANY OTHER CONDITIONS THAT WE SHOULD BE AWARE OF ?
NO YES (SPECIFY AND GIVE DETAILS)_____

10. ARE YOUR TETANUS AND POLIO SHOTS UP TO DATE?
NO YES (GIVE DATES IF AVAILABLE)_____

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

X SIGNATURE _____ DATE _____

IN ORDER TO PROCESS YOUR APPLICATION, THIS FORM MUST BE COMPLETED IN FULL, SIGNED AND RETURNED TO US WITH YOUR \$15 NON REFUNDABLE REGISTRATION FEE.

(PLEASE CHECK THE CLASS YOU WISH TO ATTEND)

GYMNASTICS ___ PRESCHOOL (GIRLS/BOYS AGES 3,4,5) ___ BOYS PRESCHOOL (AGES 4,5)

___ GIRLS BEGINNER (AGES 6+)

___ GIRLS ADVANCED BEGINNER (INVITATION ONLY)

___ GIRLS INTERMEDIATE (INVITATION ONLY)

___ BOYS BEGINNER

___ BOYS ADVANCED BEG.

(INVITATION ONLY)

SPEED & STRENGTH _____

TUMBLING: ___ BEG. ___ INTER. ___ ADV. ___ SQUAD

___ PRIVATE LESSON

CLASS DAY & TIME SIGNING UP FOR: DAY _____ TIME _____ LEVEL _____

WAITING LIST REQUEST _____

Summer Registration Rules and Policies

1. PAYMENT OF TUITION AND REGISTRATION FEE:

Registration Fees and Tuition are Non-Refundable and non transferable.

There is a \$15 charge every time a check is returned to us by a bank. If your Registration fee check bounces, your child is dropped from our program. You must bring cash and re-register your child. Please make sure your child's name is on your check when you pay.

2. MAKE UP CLASSES:

If you have chosen the Session Plan there are **no make-ups** unless we cancel class.

If you have chosen the Flexible Plan you must **cancel 48 hours in advance** any classes you wish to change. If you call and we don't answer, leave a message. A *change form* must be filled out and turned into the office to schedule your make-up.

There will be a **\$1.00 processing fee** for each *change form*.

3. BEFORE AND AFTER CLASS:

We are not responsible for any child before or after their class. Do not drop your child off more than 15 minutes before their class time. Instruct them to wait upstairs. If they cannot do this, do not drop them off early. Be here to pick them up On Time at the end of their class. Do not leave siblings, friends, etc. unattended at the gym at any time.

4. UPSTAIRS:

Adults and children must wait upstairs before and during class time. Parents and students standing in foyer area are a disturbance and a distraction. Instructors will call the students over the intercom when it's time for their class. Children must be supervised by an adult at all times.

Children are not allowed to run upstairs, play on the bleachers, or climb on the railing!!!

5. PARKING:

All vehicles must park in designated parking spaces or along the side of the street leading up to the gym. **No parking is allowed under the canopy in front of the building!!** This area is for drop off and pick up only.

6. PRIVATE LESSONS:

A Registration Fee must be paid by all students taking private lessons unless they are enrolled in our class program. Private lessons are done on the instructors' own time. Their first responsibility is to Courthouse Gymnastics. Private lessons may have to be rescheduled because of gym activities or because the instructor is needed by the gym. Private lessons may have to be rescheduled, cancelled temporarily or permanently on short notice.

7. SIGNATURES:

Any required signatures on any of our forms must be that of the child's parent or legal guardian. Any form with missing signatures or signatures written by anyone other than a legal guardian or parent will be void. The child will not be registered in our program.

If you sign someone else's name on a form, not only will that child's registration be void, but so will your child's.

8. CONTAGIOUS CONDITIONS:

Do not send your child to class with anything that could possibly be contagious or spread to others. i.e. poison ivy, fever, diarrhea, rashes, lice.

9. NEWSLETTER AND NOTES:

We hand out monthly newsletters and frequent notes to the students. If you miss one, they are always posted on the Class Bulletin Board in the foyer.

10. *We reserve the right to cancel any class that does not fill.*

X I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE RULES AND POLICIES _____

SIGNATURE