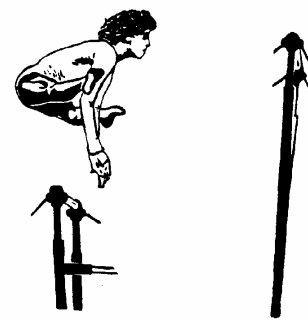




RETTIG 'S GYMNASTICS  
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# SUMMER GYMNASTICS 2015

Rettig's Gymnastics would like to introduce our summer sessions. In an effort to be more flexible and accommodating for summer vacations , we have instituted the following options. All children will be required to attend a **minimum** of 8 classes (you may register for more ) . This requirement can be met by any one of two options.

Option 1 : register for 1 class per week for 8 weeks.

Option 2 : register for 2 classes per week for any 4 weeks.

**ALL CLASS LEVELS , AGES AND ABILITIES ARE EVERYDAY AT 4:00 P.M.  
CLASSES WILL BE DIVEDED BY AGE AND ABILITY.**

## TUITION

We accept cash, personal checks, Mastercard or Visa.

There is a \$30.00 per child non-refundable insurance fee. (this fee covers a 12 month period, students previously enrolled may still be covered).

All classes are \$176.00 per 8 classes. ( Additional classes will be charged at a rate of \$22.00 / class).

**Payment for all classes is due in full at time of registration.**

Payment must be made prior to your child attending any classes.

There is a 10% discount off the tuition for the 2nd. child enrolled from your immediate family.

**Make ups: we will allow 2 make ups for the summer session. No refunds or credits will be allowed for any missed classes during the summer.**

All classes are filled on a first come first served basis; are subject to availability; may be changed or canceled at the discretion of the management.

\*\*\* IF YOU HAVE A GROUP OF 4 OR MORE AND WOULD LIKE TO REQUEST A SPECIFIC TIME AND DAYS WE WILL BE HAPPY TO ACCOMMODATE YOU PROVIDED WE HAVE AN INSTRUCTOR AND SPACE AVAILABLE \*\*\*

## DEFINITION OF CLASSES

**Tumbling Only class will be held on Monday 4:00 p.m. Minimum age is 8 yrs. Must pre-register.**

All classes are formed according to age and ability.

PRESCHOOL : 4 - 5 year olds.

KINDERGYM: 5 - 6 year olds.

NEWCOMER: less than 1 yr. of gymnastics experience.

BEGINNER I: at least 1 yr. of gymnastics experience who can do the following skills: cartwheel , handstand , backward roll.

BEGINNER II: 2 or more yrs. of gymnastics experience who can do the following skills: handstand forward roll , back extension roll , round off , bridge kick over.

INTERMEDIATE: Gymnasts must be able to do, back walkover, back handspring.

## REGISTRATION INSTRUCTIONS

- 1) Circle which weeks you would like to attend.
- 2) Circle which day or days you will be attending.
- 2) Completely fill in personal information.
- 3) READ and SIGN assumption of risk and waiver.
- 4) **Before mailing** , please call to confirm there is space available in class / classes you are registering for.
- 5) Mail or bring in completed form and FULL PAYMENT. Your child will not be registered unless we have full payment.
- 6) **Classes may changed or cancelled at the discretion of the management.**

Week 1 July 6—July 9	Week 2 July 13-16	Week 3 July 20-23	Week 4 July 27-30	Week 5 Aug 3-Aug 6	Week 6 Aug. 10-13	Week 7 Aug. 17-20	Week 8 Aug. 24-27
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MONDAY

TUESDAY

WEDNESDAY

THURSDAY

**Children will be grouped as close to age and ability as possible.**

OFFICE USE ONLY
TUITION Pd. _____ DATE _____ REG. FEE _____ DATE _____

PLEASE PRINT NEATLY

( Full payment MUST accompany this form).

Class level ( from front page). \_\_\_\_\_ Gymnastics instruction experience Yrs. \_\_\_\_\_ Months \_\_\_\_\_.

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex F M

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mothers Name (first and last) \_\_\_\_\_ Fathers Name (first and last) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Person to notify in case of emergency( other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

How did you here about Rettig's? \_\_\_\_\_

Has your child had any gymnastics experience , where , and how long? \_\_\_\_\_

### Assumption of Risk

Participation in gymnastics activities involves motion , rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. Catastrophic injury , paralysis , or even death can result from the improper conduct of the activity.

### Waiver

The undersigned parent or guardian of \_\_\_\_\_, the applicant, for and in further consideration of accepting said applicant, hereby agree to save and indemnify and hold harmless the said Rettig's Gymnastics Training Center Inc., and it's employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by this applicant during or as a result of instruction given this applicant by the Rettig's Gymnastics Training Center Inc.

Signature of Parent or Guardian \_\_\_\_\_, Date \_\_\_\_\_

**Mail to: Rettig's Gymnastics Training Center Inc., 19 E. Frederick Pl., Cedar Knolls, N.J. 07927**