

SHEIKS GYMNASTICS
 2864 ROUTE 23 NORTH
 NEWFOUNDLAND, NJ 07435
www.sheiksgymnastics.com 973-697-9404

2017-2018						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUN DAY
<u>4:30-5:30</u> 3-5 years <u>Beg.</u> 6-7 years <u>Beg.</u>	<u>4:30-5:30</u> 3-5 years <u>Beg.</u> 6-7 years <u>Beg.</u>	<u>4:30-5:30</u> 3-5 years <u>Beg.</u> 6-7 years <u>Beg.</u>	<u>4:30-5:30</u> 3-5 years <u>Beg.</u> 6-7 years <u>Beg.</u>	<u>5:30-6:30</u> 7+years <u>Beg./Int.</u> Tumble	<u>10:00-11:00</u> 3-5 years <u>Beg.</u> 6-7 years <u>Beg.</u>	B I R T H D A Y
<u>5:30-6:30</u> 4-7 years <u>Beg.</u> 4-6 years <u>Exp.</u> 7-9 years, <u>Exp.</u>	<u>5:30-6:30</u> 4-7 years <u>Beg.</u> 4-6 years <u>Exp.</u> 7-9 years <u>Exp.</u>	<u>5:30-6:30</u> 4-5 years <u>Beg.</u> 6-8 years <u>Beg.</u> 9-11 years <u>Beg.</u>	<u>5:30-6:30</u> 5-7 years <u>Exp.</u> 8-10 years <u>Exp.</u> 10-13 years <u>Beg.</u>	<u>6:30-7:30</u> 9+ years Int./Adv. Tumble	<u>11:00-12:00</u> 6-8 years Exp. 9-11 years Ex. 12 and up Exp. Privates (one on one classes)	H D A Y
<u>6:30-7:30</u> 9-12 years <u>Beg.</u> <u>9-12 year</u> <u>Exp.</u> 10-14 years Adv.	<u>6:30-7:30</u> 9-12 years <u>Beg.</u> 9-12 year <u>Exp.</u> 10-14 years Adv.	<u>6:30-7:30</u> 5-7 years <u>Exp.</u> 8-10 years, <u>Exp.</u> 10-13 years <u>Beg.</u>	<u>6:30-7:30</u> 9-12 years <u>Beg.</u> 9-12 year <u>Exp.</u> 10-14 years Adv.	<u>7:30-9:00</u> Open Gym	<u>1:00-3:00</u> <u>Birthday</u> <u>Parties</u>	P A R T I E S
Please note schedule is subject to change upon completion of registration						S

Gymnastics Payment and Sessions

<u>Session 1 and 2</u>			
Session Term	Class Time	Total Cost	10 payments
Sept.11-June 30	1 hour	*\$800.00	\$80.00
*Must stay enrolled through June 26 st in order to receive above discounted rate. There will be a \$250.00 cancellation fee if student does not continue through session 1 and session 2.No refunds for unused classes. No Exceptions!			

<u>Session 1</u>			
Session Term	Class Time	Total Cost	5 payments
Sept. 11-Feb. 6	1 hour	*\$500.00	\$100
*Must stay enrolled through Feb. 6 th in order to receive above discount rate. There will be a \$150.00 cancellation fee if student does not continue through session 1.No refunds for unused classes. No Exceptions!			

<u>Session 2</u>			
Session Term	Class Time	Total Cost	5 payments
Feb.8-June 30th	1 hour	*\$500.00	\$100.00
*Must stay enrolled through June 30 th in order to receive above discounted rate. There will be a \$150.00 cancellation fee if student does not continue through session 2.No refunds for unused classes. No Exceptions!			

Additional Information:

\$25.00 per class drop in rate (subject to availability)

\$25.00 registration fee, \$15 for each additional family member

10% discount on additional family members tuition

10% discount on tuition if paid in full with cash or check

-Payments must be set up through automatic billing (credit card or checking account)

-No refunds for missed classes, make up classes are available and must be made up within two weeks of missed class.

Classes cancelled due to inclement weather can be made up within two weeks of cancelled class

Dress Code: Girls: Leotards, bare feet, hair pulled back in pony tail, braids, or headband.

Boys: Shorts, sweatpants, t-shirts, tank, and bare feet.

Absolutely NO: jeans, clothing with buckles/buttons/zippers/snaps, pajama bottoms or oversized tops or bottoms, or jewelry of any kind.

Gymnastics 2017– 2018 Calendar

September 11 th	CLASSES BEGIN SESSION 1
October 31 st	NO CLASSES-HAPPY HALLOWEEN (make up class can be used)
November 23-27th	NO CLASSES-HAPPY THANKSGIVING (make up class can be used)
December 18-22th	HOLIDAY GAMES-DURING CLASS TIME
December 23-January 2nd	NO CLASSES-HAPPY HOLIDAYS (no make up class needed classes not scheduled)
February 5th	SESSION 1 ENDS
February 8th	SESSION 2 BEGINS
May 29 th	NO CLASSES MEMORIAL DAY (make up class can be used)
June 25th	LAST WEEK OF SESSION 2 CLASSES

Sheiks Gymnastics

Student Info

Students Name: _____ M/F Date of Birth: _____

Parent/Guardian's Name: _____

Home Phone #: _____ Cell Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Emergency Info

Emergency Contact Name: _____ Phone #: _____

Relationship: _____

Existing Medical Conditions: _____

Previous Injuries/Illness: _____

Regular Medications: _____

Primary Medical Insurance: _____

Acknowledgment of Risk and Liability Waiver

As legal guardian of _____, I hereby consent to the aforementioned person participating in any Sheiks Gymnastics, Sheiks Family Fitness Center. I recognize the potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics, cheerleading, and related activities including tumbling and trampoline.

I understand that it is the express intent of Sheiks gymnastics, to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release Sheiks Gymnastics , Sheiks Family Fitness Center of its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sheiks Gymnastics, Sheiks Family Fitness Center.

As legal Guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Sheiks Gymnastics, Sheiks Family Fitness Center.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature

Date

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Parent or Legal Guardian Signature

Date