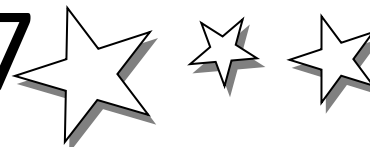


allsmiles-allamerican.com  
240-5954 (Donna's cell)

All Smiles – All American

# Gymnastics Summer 2017



## Monday

Preschool/Parent Tot/Beginner	10:00-11:00 am
Intermediate	10:00-11:30 am
Advanced Intermediate	10:00-12:00 pm
Preschool/Parent Tot/Beginner	6:00-7:00 pm
Intermediate	6:00-7:30 pm
Boys Muscle Conditioning	6:00-7:30 pm
Advanced Intermediate	6:00-8:00 pm

## Tuesday

Preschool/Parent Tot/Beginner	10:00-11:00 am
Intermediate	10:00-11:30 am
Boys Muscle Conditioning	10:00-11:30 am
Advanced Intermediate	10:00-12:00 pm

## Wednesday

Advanced Intermediate	6:00-8:00 pm
Middle & High School	6:00-8:00 pm

*We reserve the right to add, cancel, or combine classes due to enrollment.*

### Summer Camps 2017:

Mon. – Thurs. - June 19<sup>th</sup> – Aug. 3<sup>rd</sup>  
Pick up a registration form at the front desk. Ages 4 and up are welcome.



*Planning a Birthday Party? How about a Ninja Warrior party? Ask us for details about our gymnastics birthday parties or call Donna today!*



## Session V: 8 weeks

Monday, June 19<sup>th</sup> - Wednesday, August 9<sup>th</sup>  
\*\*closed July 4<sup>th</sup> – make up class at your convenience

### 8 week session fees:

Tuition is due at the time of registration to hold your child's spot.

Preschool/Parent Tot/Beginner – 1 hour class	\$140
Intermediate Class/Boys – 1 ½ hour class	\$180
Advance Intermediate/Middle & High School – 2 hr	\$220

**Registration fee of \$10 is due with registration (good until Fall 2017)**

### Family Discounts:

10% discount off second child  
20% discount off third child  
15% discount off for 2<sup>nd</sup> class taken by same child during the same session

### SUMMER Make up Policy:

We will work with your summer vacation schedule. You can come multiple times in a week to get all of your 8 classes in around your vacation! If possible, please let a coach know when you will be absent and when you plan to make up class. This will help our staff in planning.

### Inclement Weather:

For weather related gym closings, please call Donna's cell and listen to the recording. Generally, we follow the Hanover County Public School system. In case of multiple weather closings, we will make up one class per session.

Class:	_____	Day:	_____	Time:	_____
Session:	<b>SUMMER</b>	Child's Name:	_____	Home Phone:	_____
Address:	_____	Work Phone:	_____	Cell Phone:	_____
City/Zip:	_____	Medical Concerns:	_____	Phone:	_____
Age:	_____	Emergency Contact Name:	_____		

**Please read carefully and sign**  
I, the undersigned participant and parent or guardian, if under eighteen, desiring to participate in the ALL SMILES - ALL AMERICAN GYMNASTICS programs and all special activities, hereby release and agree to indemnify and save harmless ALL SMILES – ALL AMERICAN GYMNASTICS, their employees from any and all claims of any nature for injury or loss that may result from such participation or preparation for such participation. I hereby fully consent to emergency medical care rendered by competent personnel or hospitals, should such attention become necessary during the special event.  
Further, I certify that the entrant is in good physical condition and capable of participating in programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

