

2011 - 2012 SCHEDULE

SESSION I.	August 29 - October 22 (8 weeks)
SESSION II.	October 24 - December 17 (8 weeks)
WINTER BREAK	December 19 - January 7
SESSION III.	January 9 March 24 (11 weeks)
SPRING BREAK	March 26 - March 31
SESSION IV.	April 2 - June 9 (10 weeks)

SPECIAL SUMMER ACTIVITIES

TUMBLE KATZ CAMP - Ages 3-6
Week Long Camps - 9 A.M. - 12 or 1 P.M. - 4 P.M.
SPORTS / ACTIVITY CAMP - Ages 6-10
Week Long Camps - 1/2 day or full day
CGA DROP-OFF - Ages 3-12 Fridays 9-12 A.M. or 1 - 4 P.M.

SUMMER SESSION June 18 - August 11 Flexible Schedule: 6 or 7 weeks

POLICIES

Dress:	Girls should wear a leotard. Tights may be worn provided they are <i>FOOTLESS</i> . Long hair tied back. Boys should wear a T-shirt and gym shorts. Sweat pants or warmups are also OK. The most important consideration in clothing is freedom of movement. Loose or baggy clothing should be avoided. Gum, jewelry, belts and street clothes are not allowed in the gym.
Makeup:	Although it is always best to attend your regularly scheduled classes, we do allow 2 makeups per session. All makeups must be scheduled by contacting the office. Makeups <i>MUST</i> be completed in the session in which the missed classes occurred. <i>NO MONEY WILL BE REFUNDED FOR MISSED CLASSES.</i>
Observation:	Parents and guests are welcome to view all of CGA's classes. Please do not enter the gym area.
Open Gym:	In order to practice the skills introduced in class, CGA offers Open Gym to all current students - Students age 6 and under <i>MUST</i> be accompanied by a parent onto the gym floor. Check the gym for dates, times and cost.
Closing:	CGA will close for Labor Day, Trick or Treat Night, Thanksgiving Day and weekend, Martin Luther King Day, Presidents Day, Memorial Day, and Fourth of July. Closings due to inclement weather will be on a case by case basis. If any schools close, or there is a snow emergency, please call the gym and listen to the recorded message. Call the office to schedule make-ups for any missed classes. <u><i>Make-ups will be offered for any canceled classes.</i></u>
Discounts:	Families with 2 students enrolled may take a 10% discount off the second class tuition. Families with 3 students enrolled may take 20% discount off the third class tuition. Students may take a second class at 33% off!
Registration:	Upon enrollment at CGA each student must pay a \$25.00 annual registration fee. Families with more than one student may pay the Family Registration fee - \$40.00 for the family.
Refunds:	Refunds will be given up to the second class if not completely delighted. Make-up classes will be given for all other incidences. <i>THE REGISTRATION FEE IS NON-REFUNDABLE.</i>

How to Register

New Students

1. Register as quickly as possible. Some classes fill quickly.
2. Complete the registration form on opposite page and return it to CGA with the Annual Registration Fee.
3. Your registration will be held until the Priority Registration Date* for current students. Then, new student's registration will be accepted in the order received.
4. Assume your registration has been accepted unless notified otherwise. We will *NOT* contact you unless it becomes necessary to arrange an alternate class.
*Note: Your money will be refunded in the event we cannot place you in a convenient class.

Previous Students

1. If you have paid the Annual Registration within the last 12 months, you will receive priority over new students.
2. If you have *NOT* paid the Annual Registration within the last 12 months, see "New Students".

Current Students

1. You *MUST* pay tuition *ON* or *BEFORE* the Priority Registration Date* in order to guarantee your class spot in class for the next session. *Note: Siblings of Current Students are considered Previous Students.* *The Priority Registration Date is One Week Before the session begins.



Student Information

Student #1	Sex	Age	/	D.O.B.	/	Home Phone
Student #2	Sex	Age	/	D.O.B.	/	Cell phone / Pager
Street	City	Zip	Emergency Contact		Phone/Pager	
Is this Mom's address _____ Dad's address _____ Or Both _____ e-mail address _____						
Mom's Name: _____		Work Phone: _____		email: _____		
Dad's Name: _____		Work Phone: _____		email: _____		
How did you hear about CGA? (If word of mouth, from whom?) _____						
Have you taken classes at CGA within the last year? _____ Yes _____ No Approx. Date _____						
Are you a sibling of a current student? _____ Yes _____ No						
Are there any medical conditions to which we should be alerted? _____						

Class Information

Student #1	1st Choice:Class: _____	Level: _____	Day: _____	Time: _____
	2nd Choice:Class: _____	Level: _____	Day: _____	Time: _____
Student #2	1st Choice:Class: _____	Level: _____	Day: _____	Time: _____
	2nd Choice:Class: _____	Level: _____	Day: _____	Time: _____
<i>* TAKE A SECOND CLASS FOR 1/3 Off!</i>				
	2nd Class:Class: _____	Level: _____	Day: _____	Time: _____

** WE'LL SEE YOU THE FIRST DAY OF CLASS! WE CALL ONLY IF THERE IS A PROBLEM SCHEDULING YOUR FIRST CLASS CHOICE.*

Payment Information

Annual Registration Fee	\$ _____
Tuition (full payment required) Cash Receipt # _____ Check # _____	\$ _____
TOTAL ENCLOSED (payment by check or credit card required if paying by mail)	\$ _____
<input type="checkbox"/> Visa	Name on credit card _____ Billing Zip Code _____
<input type="checkbox"/> Mastercard	Card Number _____ Exp. Date _____
<input type="checkbox"/> Discover	Signature _____

Office Use: Date Paid _____ In Book _____ In Computer _____

Acknowledgement of Risk and Waiver of Liability - Read Before Signing

As legal guardian of _____ (child's name), I hereby consent to the aforementioned person participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, and martial arts all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc., Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child's engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

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, for, or under the direction of Columbus Gymnastics Academy, Inc.

This acknowledgement 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's Signature

Date