

# **DC Gymnastics School**

www.DCgymnastics.net    Email: [info@dcgymnastics.net](mailto:info@dcgymnastics.net)    Phone: 908-359-6582  
At Hillsborough Cinema, 3 Jill Court, Building 15 Unit 25, Hillsborough, NJ 08844

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## **SUMMER CLASS SCHEDULE - 2018**

<b>CLASS</b>	<b>MON.</b>	<b>TUES.</b>	<b>WED.</b>	<b>THURS.</b>	<b>FRI.</b>	<b>SAT/SUN.</b>
<b>BIRTHDAY</b>	By request					
<b>PRESCHOOL 3 YRS</b>		5-6pm	10-11am 4-5pm	9-10am		
<b>PRESCHOOL 4 YRS</b>		4-5pm 10-11am	9-10am 4-5pm 5-6pm	10-11am		
<b>KINDER 5-6 YRS</b>		9-10am 4-5pm 5-6pm	9-10am 5-6pm	10-11am		
<b>GIRLS 6-7 YRS</b>		4-5pm 6-7pm	10-11am 4-5pm	9-10am		
<b>GIRLS 8-10 YRS</b>		5-7pm 6-7pm	10-11am 6-7pm	11am-12pm		
<b>BOYS 6-9 YRS</b>			4-5pm 6-7pm	9-10am		
<b>TUMBLE 6-8 YRS</b>		6-7pm	5-6pm	11am-12pm		
<b>TUMBLE 9+ YRS</b>		6-7pm	6-7pm	12-1pm		
<b>INVITE</b>		5-7pm	1-3pm			

**We offer a flexible summer class schedule!**

**Register for 4-week or 8-week session! *Can't commit, ask about \$20 drop-in classes!***

***REQUIRED 4 STUDENTS PER CLASS! Have 4 friends? Ask us about opening a class.***

### **IMPORTANT INFORMATION:**

**Additional classes and birthday parties by REQUEST only!**

**Full payment required at registration, \$20 summer insurance fee for new students**

**NO REFUNDS FOR CAMP OR CLASSES. MAKE-UPS ARE ONLY AVAILABLE DURING SUMMER.**

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## **SUMMER TEAM PRACTICE SCHEDULE - 2018**

	<b>MON.</b>	<b>TUE.</b>	<b>WED.</b>	<b>THUR.</b>	<b>FRI.</b>
<b>USAG 5/6</b>					
<b>PRE-TEAM</b>					
<b>JOGA 1 2</b>					
<b>JOGA 3 4 HS</b>					
<b>JOGA 3 4 YOUNGER</b>					
<b>JOGA 5 6</b>					

Pre-team and team students can add camp before/after practices for \$30 per day.  
*Subject to availability.*

### **ALL TEAM PRACTICE WEEKS MUST BE SET BY JUNE 15, 2016**

**JOGA 1|2**  
**JOGA 3|4 HS**  
**JOGA 3|4 YOUNG**  
**JOGA 5/6**  
**USAG 5/6**  
**PRE TEAM**

**16 hours per week / 6 weeks**  
**12 hours per week / 6 weeks**  
**11 hours per week / 6 weeks**  
**11 hours per week / 6 weeks**  
**16 hours per week / 8 weeks**  
**6 hours per week / 6 weeks**

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## **DC GYMNASTICS SUMMER REGISTRATION FORM**

Name: \_\_\_\_\_ Team/Class: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Team/Class: \_\_\_\_\_ DOB: \_\_\_\_\_

### **ONLY FILL OUT THIS SECTION IF YOUR GYMNAST IS NEW TO DC GYMNASTICS**

Parent Name/s: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Emergency contact – name + phone: \_\_\_\_\_

Email: \_\_\_\_\_ Medical conditions: \_\_\_\_\_

### **Which weeks will your gymnast be attending practices/class? **(CIRCLE WEEKS)****

Week 1: July 9-13

Week 5: August 6-10

Week 2: July 16-20

Week 6: August 13-17

Week 3: July 23-27

Week 7: August 20-24

Week 4: July 30-August 3

Week 8: August 27-31

### **CLASS INFO:**

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

### **PAYMENT:**

Tuition: \_\_\_\_\_ + Registration: \_\_\_\_\_ = Total: \_\_\_\_\_

**ALL PAYMENTS ARE DUE BEFORE JUNE 30, 2018. MUST BE PAID IN FULL, NO MAKE-UPS, NO REFUNDS.**

AUTOCHARGE MY ACCOUNT? Yes \_\_\_\_\_ No \_\_\_\_\_

Other: VISA \_\_\_\_\_ MC \_\_\_\_\_ DISCOVER \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

### **Acknowledgement of Risk of Waiver of Liability**

"I agree that "child/children" named above, will be engaging in physical exercise involving various sports, coordination events, and fitness training (hereafter referred to as "activities") which potentially could cause injury to him/her. I agree that my child/children are voluntarily participating in these activities and will assume all risks of injury that might occur as a result thereof. I hereby agree to expressly release and waive any and all claims, demands, actions, judgments and/or rights that I might otherwise have against DaChen LLC/DcSport Gymnastics School (hereafter referred to as "entity"), its officers, directors, shareholders, employees, agents and all others associated with the entity from any and all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that the entity makes no evaluation or recommendations of my child/children's physical ability for participation in any activities. If my child/children have any physical condition(s) that may impair their ability to engage in these activities, I understand that it is my responsibility to obtain a physician's statement describing any limitation to participate in this program and to fully comply with any said provisions of a physician's statement. I also give my permission for the use of my child/children's name and/or picture on the entity's website, social media accounts, or any other similar telecast or broadcast depicting any of the activities. "

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_