



# 2010 SUMMER PROGRAMS

**8 WEEKS:  
JULY 5 - AUG 28**

Your children will feel like champions in our non-competitive summer session. Students will be in a fun and energetic atmosphere while acquiring new skills.

**45 MINUTE CLASS  
\$125.00**

**1 HOUR CLASS  
\$132.00**



Additional classes can be formed with three or more students pending teacher availability. Classes with insufficient enrollment may be subject to day/time switch or cancellation.

CLASS	MON	WED	THU	SAT
<b>PARENT &amp; TOT</b> 2-3 years 45 minutes	10:00 am	10:00 am	10:00 am	9:00 am
<b>SUPER TOT</b> 2½-3½ years 45 minutes	9:00 am 11:00 am	9:00 am 11:00 am	9:00 am 11:00 am	
<b>PRE SCHOOL 1 and 2</b> 3½-5½ years 45 minutes	9:00 am 10:00 am 11:00 am 4:00 pm 5:00 pm 6:00 pm	9:00 am 10:00 am 11:00 am 4:00 pm 5:00 pm 6:00 pm	9:00 am 10:00 am 11:00 am 4:00 pm 5:00 pm 6:00 pm	9:00 am 10:00 am
<b>KINDER KIDS</b> 5-6½ years 1 hour	10:00 am 11:00 am 4:00 pm 5:00 pm 6:00 pm	10:00 am 11:00 am 4:00 pm 5:00 pm 6:00 pm	10:00 am 11:00 am 4:00 pm 5:00 pm 6:00 pm	9:00 am 10:00 am
<b>GIRLS 6-9</b> 6-9 years beginner and intermediate levels 1 hour	11:00 am 4:00 pm 5:00 pm 6:00 pm	11:00 am 4:00 pm 5:00 pm 6:00 pm	10:00 am 4:00 pm 5:00 pm 6:00 pm 7:00 pm	10:00 am 11:00 am
<b>GIRLS 10-14</b> 10-14 years beginner and intermediate levels 1 hour		6:00 pm		11:00 am
<b>GIRLS ACCELERATED</b> 1 hour	7:00 pm ages 9-14	7:00 pm ages 6-8		
<b>BOYS</b> all skill levels 1 hour	5:00 pm ages 7-10	5:00 pm ages 6-8		11:00 am ages 6-10
<b>TUMBLING / CHEERTUMBLE</b> 1 hour	7:00 pm ages 6-9	7:00 pm accelerated	7:00 pm ages 10-14	



12300 Owings Mills Blvd.  
Reisterstown, MD 21136

## REGISTRATION FORM

phone 410-526-3527 • fax 410-526-3529  
mail@unitedgym.net

Primary Guardian  BILL

Secondary Guardian  BILL

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

How did you hear about United? \_\_\_\_\_

Have you taken a class here before? YES NO

Home Phone \_\_\_\_\_

Mom's Work and/or Cell Phone \_\_\_\_\_

Dad's Work and/or Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (phone number) (name)

E-mail Address \_\_\_\_\_

CHILD'S NAME	DOB	AGE	SESSION	DAY	TIME	CLASS

Registration Fee \_\_\_\_\_ Tuition Fee \_\_\_\_\_ Total \_\_\_\_\_ OfficeUseOnly V MC CSH CHK# \_\_\_\_\_

**PERMISSION STATEMENT & MODEL RELEASE** My child/ren has permission to participate at United Gymnastix Inc. I confirm this student(s) is in good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for United Gymnastix Inc. officials to call a doctor and/or the parents for treatment in the event of an emergency. I further agree not to hold any United Gymnastix official or staff member responsible for any possible illness, accident, injury, or death which may occur in training or class; nor any other damages, losses, or theft on United Gymnastix Inc.'s premises. I do here verify that I fully understand and accept the above statements and the guidelines set forth in this brochure. I understand there will be no refunds after the first class. Upon signing, I give my permission to United Gymnastix Inc. for photographs or video tapes to be taken for the purpose of, and use in, publications, promotions, and/or for other reasons that could expose a recognizable member of my family to the public.

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_