



2012 SUMMER PROGRAMS

9 WEEKS:

**JUNE 18 through
AUGUST 18**

(The gym will be closed on
Wednesday, July 4)

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
\$149.00**

**1 HOUR CLASS
\$154.00**



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
PARENT & TOT 2-3 years 45 minutes	10:00 am	10:00 am	10:00 am	9:00 am
SUPER TOT 2½-3½ years 45 minutes	entering class before age 3 requires Parent&Tot as prerequisite	11:00 am	11:00 am	
PRE SCHOOL 1 and 2 3-5 years 45 minutes	10:00 am 11:00 am 5:00 pm 6:00 pm	10:00 am 11:00 am 5:00 pm 6:00 pm	10:00 am 11:00 am 5:00 pm 6:00 pm	9:00 am 10:00 am
KINDER KIDS 5-6½ years 1 hour	10:00 am 11:00 am 5:00 pm 6:00 pm	10:00 am 11:00 am 5:00 pm 6:00 pm	10:00 am 11:00 am 5:00 pm 6:00 pm	9:00 am 10:00 am
GIRLS 6-9 6-9 years beginner and intermediate levels 1 hour	11:00 am 5:00 pm 6:00 pm 7:00 pm	11:00 am 5:00 pm 6:00 pm	10:00 am 5:00 pm 6:00 pm 7:00 pm	10:00 am 11:00 am
GIRLS 10-14 10-14 years beginner and intermediate levels 1 hour		6:00 pm		11:00 am
GIRLS ACCELERATED 1 hour	7:00 pm ages 9-14	7:00 pm ages 6-8		
BOYS all skill levels 1 hour		7:00 pm ages 6-10	5:00 ages 6-10	11:00 am ages 6-10
TUMBLING / CHEERTUMBLE 1 hour	7:00 pm ages 6-9	7:00 pm ages 10-14 8:00 pm accelerated		12:00 accelerated



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** _____



ask about our

FIELD TRIPS

at **UNITED**
GYMNASTIX

- large groups • small groups
- day care outings •
- preschools • mom's clubs •
- homeschoolers •

Got kids?
Bring them to
UNITED
for a fun field trip
they'll
never forget!

