



NORTHERN LIGHTS GYMNASTICS 2017 SUMMER PRETEAM INFORMATION & REGISTRATION

Preteam runs from June 26 through August 11, 2017 (7 weeks)
Note that there is no preteam Tuesday, July 4th and Wednesday July 5th

Preteam is for those girls who have participated this year in the NLG preteam program; for those who have been recommended by their coaches; or for those wishing to give our preteam a try with the thought of trying out in the fall for our regular preteam program.

Preteam 1

**Tuesdays 12:00 - 2:00pm
and
Wednesdays 11:30am - 1:30pm**

Preteam 1 cost per week:

\$55 each for 1 or 2 weeks, \$155 for 3 weeks; each additional week after 3 weeks is \$47

Preteam 1 work preteam skills and strength while adding a splash of summer fun.

WHAT TO BRING: Leotard, towel and bathing suit

Preteam Practice

Wednesday 3:30-5pm

Cost: \$165 for 7 weeks

Preteam practice will work preteam skills and strength in a class setting.

THE FINE PRINT: SUMMER PRETEAM

1. There are no refunds after June 1.
2. Registration is in person or by mail only.
3. All children who participate in programs at NLG must pay an annual registration fee of \$20.
4. Children are expected to participate in all activities.
5. Payment must accompany registration.
6. Children must be signed in and out of all programs every day.

7. The NLG gym will be closed for all programs on July 3rd and 4th. The NLG gym closes on Friday at 3pm sharp.
 8. If you are more than 10 minutes late to pick up your child there is a \$5 fee for late pick up. At 15 minutes after the pick up time, there will be a \$1 charge for each additional minute you are late plus the \$5 late fee. This is in effect for all children attending class or camp at NLG.
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NORTHERN LIGHTS GYMNASTICS

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PRETEAM SUMMER PROGRAM REGISTRATION 2017

Student's Name: _____ Sex: _____ Age: _____ D.O.B. ____/____/____

Address: _____ City: _____ Zip Code: _____

1st Parent's Name: _____ Daytime #: _____ Cell #: _____

1st Parent's Home Phone: _____ E-Mail: _____

2nd Parent's Name: _____ Daytime #: _____ Cell #: _____

2nd Parent's Home Phone: _____ E-Mail: _____

Please check the week/s in the appropriate column your child will attend:

Preteam 1

Week 1: June 26 – 30 Tues & Wed

Week 2: gym closed July 4th

Week 3: July 10 – 14 Tues & Wed

Week 4: July 17 – 21 Tues & Wed

Week 5: July 24 – 28 Tues & Wed

Week 6: July 31 - August 3 Tues & Wed

Week 7: August 7 -11 Tues & Wed

Preteam Practice Wed

Preteam Program cost \$ _____ Annual Registration Fee \$20 _____ = Total Payment \$ _____

MEDICAL INFORMATION

Please tell us of any medical condition that we need to be aware of (including allergies):

Continues on next page

PARENT/GUARDIAN WAIVER AND RELEASE FORM

You agree that your child named above will be engaging in physical exercise involving gymnastics, a coordination event, and fitness training, which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might otherwise have to sue us, Northern Lights Gymnastics, Inc., our employees, owners, officers, or agents for injuries that might occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair the ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitation to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

PAYMENT INFORMATION

Payment must accompany registration form. Checks should be made out to Northern Lights Gymnastics. Visa and MasterCard are accepted. NLG staff will contact you ONLY if there is a problem with your registration. There is an annual registration fee of \$20 per child (with a maximum of 2 registration fees per family). Note that there is a \$25 administrative fee for a returned check.

If Paying by credit card, Credit Card Number: _____

Expiration Date: _____ 3 digit code: _____ Authorized Dollar Amount: _____

Cardholder Signature: _____