



SUMMER 2016: Only pay for the classes you will be attending!

PRICE PER CLASS:	1/2 HOUR	\$12.25
	3/4 HOUR-1 HOUR	\$15.25
	1 1/4 HOUR	\$17.75
	1 1/2 HOUR	\$20.00
	OPEN GYM	\$10/15 nonmembers

MONDAY	
<i>7 Weeks: June 20 - August 8, 2016</i>	
4:40-5:40pm	Tenderfoot
	Girls 6 1/2 - 9
	Boys Ninja 6 - 8
5:50-6:50pm	Girls 6 1/2 - 9
	Girls 10 - 14
	Boys Ninja 9 - 11
5:50- 7:05pm	Accelerated Tenderfoot
7:05-8:05pm	Cheerleading Tumbling Class

TUESDAY	
<i>8 Weeks: June 21 - August 9, 2016</i>	
10:00-10:30am	Tiny T
10:45-11:30am	Preschool
4:40-5:40pm	Tenderfoot
	Boys/Girls 6 1/2 - 9
5:50-6:50pm	Tenderfoot
	Girls 10 - 14
	Girls Ninja
7:00-8:30pm	Girls and Boys Advanced

WEDNESDAY	
<i>8 Weeks: June 22 - August 10, 2016</i>	
10:00-10:30am	Tiny T
10:45-11:30am	Preschool
1:00-1:45pm	Preschool
4:40-5:40pm	Tenderfoot
	Boys Girls 6 1/2 - 9
5:45-6:30pm	Preschool
5:45-6:45pm	Tenderfoot
6:45-8:00pm	Accelerated

THURSDAY	
<i>8 Weeks: June 23 - August 11, 2016</i>	
5:30-6:00pm	Tiny T
6:15-7:00pm	Preschool
7:15-8:15pm	Open Gym

**Register at desk or
 over the phone
 410-549-3379**

Please Note: The summer session is not a continuation of our regular class program.
YOU MUST COMPLETE A SUMMER REGISTRATION FORM.
 Registration is on a first-come, first-served basis, and there is no registration fee.
 Payment in full is due upon registration. Let us know which classes you will be missing.

SUMMER 2016 REGISTRATION FORM

STUDENT'S NAME _____ AGE _____ M F CHECK ONE _____ BIRTH DATE _____ PHONE NUMBER _____

DAY AND TIME DESIRED 1st choice _____ 2nd choice _____ DATES NOT ATTENDING _____
 (Your 1st choice will be honored unless otherwise notified.)

PARENT'S NAME _____ WORK PHONE# _____ CELL PHONE # _____ mother father

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

PERMISSION STATEMENT: The above named person has my permission to attend M.A.G.C. I confirm this person's good health. I am also fully aware of and appreciate the risks of serious accidental injury, including head and neck injuries, as well as other damages and losses associated with participation in a gymnastics class or event. I hereby give my permission for M.A.G.C. official or staff member responsible for any possible illness, accident or injury which might occur in training in class or on M.A.G.C. premises.

I do hereby verify that I fully understand and accept the above statement.

 SIGNATURE

 DATE