



SUMMER 2018

Only pay for the classes you will be attending!

MONDAY	
10 Weeks: June 18 - August 20, 2018	
4:00-4:30pm	Tiny T
4:30-5:30pm	Tenderfoot
	Girls/Boys 6 1/2-9
	Girls/Boys 10-14
4:45-5:30pm	Preschool
5:40-6:40pm	Tenderfoot
	Girls 6 1/2-9
	Girls 10-14
5:45-6:30pm	Preschool
6:50- 7:50pm	Open Gym

TUESDAY	
10 Weeks: June 19 - August 21, 2018	
10:00-10:30am	Tiny T
10:30-11:30am	Tenderfoot
	Girls/Boys 6 1/2-9
10:45-11:30am	Preschool
4:40-5:40pm	Tenderfoot
	Girls/Boys 6 1/2-9
	Girls/Boys 10-14
4:45-5:30pm	Preschool
5:50-6:50pm	Girls Ninja
	Boys Ninja 6-8
	Boys Ninja 9-11
7:00-8:30pm	Girls and Boys Accelerated & Advanced

PRICE PER CLASS:

1/2 hour
\$12.75

3/4 hour -1 hour
\$15.75

1 1/2 hour
\$20.25

Open Gym
\$10/15 nonmembers

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

WEDNESDAY	
9 Weeks: June 20 - August 22, 2018	
10:00-10:30am	Tiny T
10:30-11:30am	Tenderfoot
	Girls/Boys 6 1/2-9
10:45-11:30am	Preschool
4:40-5:40pm	Tenderfoot
	Girls/Boys 6 1/2-9
	Girls/Boys 10- 14
4:45-5:30pm	Preschool
5:45-6:30pm	Preschool
5:45-6:45pm	Tenderfoot
6:50-7:50pm	Tenderfoot
	Girls/Boys 6 1/2-9
	Girls/Boys 10- 14

THURSDAY	
10 Weeks: June 21 - August 23, 2018	
10:00-10:30am	Tiny T
10:45-11:30am	Preschool
	Girls/Boys 6 1/2-9
5:45-6:15pm	Tiny T
6:30-7:15pm	Preschool
6:30-7:30pm	Tenderfoot

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. **YOU MUST LIST WHICH CLASSES YOU WILL BE MISSING.**

SUMMER 2018 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 MAGC. I confirm this person's good health. I am also fully aware of and appreciate the risk 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 MAGC officials to call a doctor and/or the person listed above for treatment in the event of an emergency. I further agree not to hold any MAGC official or staff member responsible for any possible illness, accident or injury which might occur in training in class or on MAGC premises.

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

SIGNATURE

DATE