

KAATS FALL HIGH SCHOOL CLASS

Fall Session Dates:

Sundays

September 20th & 27th

October 4th, 11th, & 25th

November 1st, 8th & 15th

Tuition - \$350

Time: 11:00AM – 1:30PM

Gymnast Name: _____

Gymnast Age: _____

Parents name(s): _____

Address: _____

Email Address: _____

Phone Number: _____

Check off the day/days you wish to attend: Monday: _____ Tuesday: _____ Thursday: _____

Medical Conditions: _____ Phone Number: _____

Signature: _____ Date: _____

Please complete entire form, sign, date and return with payment in full to guarantee class placement, based on available space. FORM MUST BE SIGNED. * Please Read: I fully understand that the sport of Gymnastics can be dangerous. I hold harmless the owners and instructors of KAATS Gymnastics, Inc. from any and all claims, demands, liabilities, actions and causes of action arising from or related to instruction, exercises, programs or activities of whatsoever kind of nature, provided or recommended. I have read and fully agree to abide by the terms of the refund, class makeup, and returned check policies, in addition to any other posted policies, which may be added to and/or amended by KAATS. By signing below you are releasing all responsibility of KAATS Gymnastics and it's instructor's.

****NO MAKE UPS ALLOWED**