



Gymnastic Academy of Boston-Acton
SUMMER CLASS SCHEDULE
June 20-Aug 23, 2024

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Gymnastics	45 Min. Parent and Child Class - \$300.00				
Little Explorers (12-24 mo.)		10:00		10:00	
Tumble Tots (2-3½ yrs)		10:00	10:00	10:00	
Gymnastics	45 Min. Preschool Class - \$300.00				
Tumblers (3 - 5 yrs)		10:00, 11:00	11:00	10:00, 11:00	10:00
Ninja	45 Min. Preschool Class - \$300.00				
Little Ninjas (3 - 5 yrs)			10:00		
Gymnastics	60 Min. Class - \$325.00				
Kindergarten Girls		2:00		1:00	
Girls Grades 1-3		2:00		1:00	
Girls Grades 4-6		3:00			
Tumbling Coed Gr 4 +				3:00	
Adult Class			12:00		
Gymnastics & Parkour	60 Min. Class - \$325.00				
Kindergarten Boys		1:00		2:00	
Boys Grades 1-3		1:00		2:00	

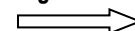
PAYMENT INFORMATION:

There will be no refunds or credits for missed classes. No Class on July 4-5, (Thurs-Fri) in honor of Independence Day

- **Siblings receive a 20% discount.**
- **We honor a 15% Active Military Discount.**

** Schedule and instructor subject to change. Minimum of 3 students to hold class. **

Flip Over for Reg. Form...



GymnasticAcademyofBoston.com

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GYMNASTIC ACADEMY OF BOSTON-ACTON, LLC

Enrollment, Waiver and Medical Release Form Summer Session 2024

Child's Name:		Birth Date: - -	Age:	(circle) F / M
Grade in School:	1 st Class Name:	Day:	Time:	Fee*:
	2 nd Class Name:	Day:	Time:	Fee*:
Child's Name:		Birth Date: - -	Age:	(circle) F / M
Grade in School:	1 st Class Name:	Day:	Time:	Fee*:
	2 nd Class Name:	Day:	Time:	Fee*:
Child's Name:		Birth Date: - -	Age:	(circle) F / M
Grade in School:	1 st Class Name:	Day:	Time:	Fee*:
	2 nd Class Name:	Day:	Time:	Fee*:
Child's Name:		Birth Date: - -	Age:	(circle) F / M
Grade in School:	1 st Class Name:	Day:	Time:	Fee*:
	2 nd Class Name:	Day:	Time:	Fee*:
Adult's Name:		Birth Date: - -	Age:	(circle) F / M
	Class Name:	Day:	Time:	Fee*:
Mailing Address:		City:	Zip:	
Billing Address if different:		City:	Zip:	
Email:	Home Phone () -	Cell Phone () -		
Emergency Contact:		Phone () -		
First Parent's Name/Occupation:		Work Phone () -		
Second Parent's Name/Occupation:		Work Phone () -		
Medical Conditions or Limitations (include child's name):			How did you hear about us?	

* A 20% sibling discount will be applied to the lesser tuition when another family member enrolls in the same activity. Also, 20% will be taken off the tuition of a 2nd class for the same student. Military family discount of 15% applies to all class tuition fees and will be taken after other discounts are applied.

Student and Parent Gymnastic Academy of Boston-Acton Acknowledgement of Risk and Waiver of Liability plus Tuition Agreement:

- A \$25 fee will be applied for all checks returned from the bank as insufficient funds.
- No refunds or credits will be given for missed, dropped classes or instructor re-placement. Make-ups need to be scheduled in advance, and must be done while the student is still enrolled.
- I hereby grant consent and authorize the use of photographs, pictures, slides, and video of my child participating in G.A.B activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote G.A.B. programs, and/or recognition of participants.

As an adult student and/or as the parent or legal guardian of all child students listed above, I hereby give permission for my child(ren) and/or myself to participate in programs at Gymnastic Academy of Boston-Acton, LLC. I recognize that gymnastics, tumbling, parkour and ninja training are sports that involve inflatables, height and rotation of the body and there are inherent risks involved. There are also inherent risks to my being on the premises, as either an adult student or simply as a non-student parent or guardian, during such activities. These risks also specifically include the additional risk of being exposed to and/or contracting COVID-19 or other illness. On behalf of myself and my child(ren), I agree to waive all claims (including for negligence) against and agree not to sue Gymnastic Academy of Boston-Acton, LLC, or its owners, directors, officers, employees, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total injury, paralysis and death, and including exposure to or contracting COVID-19 or other illness, which may occur to myself or any of my children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston-Acton, LLC. I hereby testify to my and my child's sound health of mind and body and I authorize Gymnastic Academy of Boston-Acton, LLC, to seek medical treatment at the nearest medical facility for myself and my child in case of emergency or injury.

I have read and understand the above and agree to the above terms, including the Risk and Waiver of Liability.

Signature of Parent or Legal Guardian: _____ **Date** _____

(FOR OFFICE USE)

Class Fees	Student 1 -	Student 3 -	
	Student 2 -	Student 4 -	
Total Amount Due			