



Gymnastic Academy of Boston-Acton
2025-26 CLASS SCHEDULE

Early Bird SPECIAL

Register and Pay before May 6, for this Season's Rates

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
PRESCHOOL GYMNASTICS						
45 Min. Parent and Child Class						
Little Explorers (12-24 mo.)	9:20	9:10	9:10	9:10	9:10	9:00, 9:45, 10:45
Tumble Tots (2-3½ yrs)	10:15	10:05, 10:55	10:05, 10:55	10:05, 10:55	10:05,10:55	9:00, 9:45, 10:45
45 Min. Class Preschool						
Tumblers I (3 - 4 yrs) and Tumblers II (4 - 5 yrs)	9:20, 10:15, 11:10, 1:45, 3:45	9:10, 10:05, 10:55 1:00, 1:45, 3:15, 4:00, 4:45	9:10, 10:05, 10:55, 1:15, 2:30, 4:00, 4:45	9:10, 10:05, 10: 55, 1:00, 1:45	9:10, 10:05, 10:55, 2:00	9:00, 9:45, 10:45, 11:30
PRESCHOOL NINJAS						
45 Min. Class Preschool						
Little Ninjas (3 - 5 yrs)		10:55		9:10,10:55	10:55, 1:15	11:30
Adv Little Ninjas (4 - 5 yrs)					10:55	
GIRLS GYMNASTICS						
LEVEL 1 - 60 Min. Class						
Fireflies (Kindergarten)	4:00	1:30, 4:00	1:30, 4:00, 5:00	1:30, 3:30	3:45	9:00
Butterflies (Grade 1-3)	3:30, 5:00	1:30, 5:00	1:30, 2:30, 4:00, 5:00	1:30, 3:30, 4:30	3:45, 4:45	9:00,10:00
Dragonflies (Grade 4-6)			5:00			11:15
Level 2 - 90 Min. Class (Teacher Recommendation Required)						
Rising Stars (Gr 1-3)	4:30	1:15, 4:00	2:00	4:30		10:15
Shooting Stars (Gr 4 +)	4:30			4:30		
Level 3 - 90 Min. Class (Teacher Recommendation Required)						
Super Stars I (Gr 2-4)		4:30	4:00	4:30		
Super Stars II (Gr 5 +)	4:30			4:30		
BOYS GYMNASTICS & PARKOUR						
LEVEL 1 - 60 Min. Class						
Bulldogs (Kindergarten)	3:45	1:30, 4:15	1:30, 2:45	1:30	3:45	9:00
Hot Dogs (Grade 1-3)	4:45	1:30, 4:30, 5:00	1:30	1:30	3:45	10:15,11:15
Level 2 - 90 Min. Class (Teacher Recommendation Required)						
Top Dogs (Grade 1-3)		4:30	1:15, 4:00			
Big Dogs (Grade 4-6)			4:00	4:30		
COED PARKOUR & GYMNASTICS						
ALL LEVELS - 60 Min. Class						
Parkour & Gym (Grade 1-2)			2:30			
Parkour & Gym (Grade 3-5)			2:30			
Parkour & Gym (Gr 4+)		3:30				
90 Min. Class (Teacher Recommendation Required)						
Parkour & Gym (Grade 4-6)				4:30		
Parkour & Gym (Gr 7+)				4:30		
ADULT GYMNASTICS						
ALL LEVELS - 60 Min. Class						
Adult Gymnastics	1:00	1:00		1:00	1:00	
TUITION RATES & DATES						
Class Duration	Quarterly Sessions #1 Sept 3, - Nov 5, #2 Nov 6, - Jan 17, #3 Jan 19, - Mar 28, #4 Mar 30, - June 8,		Semesters – SAVINGS #1 Sept 3, - Jan 17, #2 Jan 19, - June 8,		Discounts: Siblings Receive a 20% Discount 20% Discount on 2 nd Class 15% Active Military Family Discount	
45 min. class	\$317		\$604		NO CLASSES: Nov 27-29; Dec 24-Jan 1 (please schedule a make-up class for Jan 1); Feb 16-21, and April 20-23, and May 25,	
60 min. class	\$345		\$660			
90 min. class	\$438		\$846			

GymnasticAcademyofBoston.com

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!!! EXCITING PARTIES: Inflatables, giant foam pit, trampolines, obstacle course & rope swing, and FUN-FUN-FUN!!!

GYMNASTIC ACADEMY OF BOSTON-ACTON, LLC Enrollment, Waiver and Medical Release Form 2025-26

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:

- GAB-Acton assumes all students will continue throughout the year (Sept.-June) unless written notice is given to the office 2 weeks prior to the start of the session. Full payment will be expected if you do not cancel your enrollment.
- Tuition is due 3 weeks prior to the start of the quarter; a \$20 late fee will be applied if payment is not received before the 1st class of the quarter.
- A \$30 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 GAB activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote GAB programs, and/or recognition of participants, and consent to the sale of the image of my child to other GAB customers within a class photo.

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