

KAATS FALL HIGH SCHOOL CLASS

Time: 11:00AM-1:30PM

Dates:

- September: 22nd & 29th
- October: 13th & 27th
- November: 3rd & 10th

TUITION –\$475

Gymnast Name: _____

Gymnast Age: _____

Parents name(s): _____

Address: _____

Email Address: _____

Phone Number: _____

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.*

***You will also need to bring in \$10 for your own chalk container if you do not already have one**

****NO MAKE UPS ALLOWED**