



10449 MIDWEST INDUSTRIAL DRIVE
ST. LOUIS, MO 63132
314-426-2496 FAX 314-426-1898

WEBSITE: ALLAMERICANGYMNASTICS.NET
EMAIL: INFO@ALLAMERICANGYMNASTICS.NET

Torah Prep Classes at All American Gymnastics

2 - 5 Year Old Coed Class Specifics:

- Class for 22 months-3 years (this class requires parent participation)
- Class for 3-5 year olds (children must be potty trained to start this class)
- 4- 7 week sessions during the school year
 - Session 1: Sept 8-Nov 17
 - Session 2: Nov 24-Jan 5
 - Session 3: Jan 12-Mar 16
 - Session 4: Mar 23-May 18
- Mondays at 2:45 pm

Girls in K – 1st Grade Class Specifics:

- 4- 7 week sessions during the school year
 - Session 1: Sept 10-Nov 19 (NO CLASS: 10/1, 10/08, 10/15, 10/22)
 - Session 2: Nov 26-Feb 4 (NO CLASS: 12/24, 12/31, 1/21, 1/28)
 - Session 3: Feb 11-Mar 25
 - Session 4: Apr 1-May 27 (NO CLASS: 4/8, 4/15)
- Wednesdays at 5:00 pm

Girls 2nd - 8th Grade Class Specifics:

- Class for girls in 2nd – 8th grade
- 4- 7 week sessions during the school year
 - Session 1: Sept 7-Nov 2 (NO CLASS: 10/12 OR 10/19)
 - Session 2: Nov 9-Jan 11 (NO CLASS: 11/16, 12/21 OR 12/28)
 - Session 3: Jan 18-Mar 8 (NO CLASS: 1/25)
 - Session 4: Mar 15-May 17 (NO CLASS: 4/12, 4/19 OR 5/10)
- Sundays at 5:30 pm

General Information:

- 55 minute class
- Make ups can be scheduled in AAG's regular classes and must be completed within 1 month from the missed class.

Cost:

- \$94.50 per session (per child)
- \$15 yearly registration fee (per child)

Discounts

- Due to special pricing, AAG will not be able to offer any of our regular discounts (sibling discount, early sign up discount, etc)

Sign Up:

- Must fill out an AAG registration form.
- Registration form and payment are due one week prior to the 1st class.
- Must abide by AAG rules and regulations.

RULES AND REGULATIONS

RELEASE FORMS: In order to participate in any of All American Gymnastics Programs, every gymnast **must have a parent signed release form. Participation in class will not be allowed without a release form.**

MAKE UPS/MISSED CLASSES: All American Gymnastics allows missed classes to be made up in classes with low enrollment or in extra practice time. **Make ups in class must be scheduled with our office one week in advance; no walk-ins will be allowed to participate. You have 1 month from the date of the missed class to make up a class. Make ups are not transferable to other children/siblings or for credit towards the next session.**

REFUNDS: All American does not offer refunds for dropping or missing class. Once the session has begun you are in the class for its entirety. (Exception: Medical excuses-All American will offer a credit to your account if a medical situation arise that limits the gymnast from participating in class. A physician's note will be required.)

CLASS CHANGES: All American reserves the right to cancel or change a class when needed due to low enrollment. In this case you will be asked to choose an alternative class.

FREE TRIAL CLASS: All American offers a free trial class to gymnasts new to our program. This offer is not available to gymnasts who have previously been enrolled in classes at All American Gymnastics.

INCLEMENT WEATHER: In the event of inclement weather, please call the gym or check our website to find out if classes are cancelled.

Morning/afternoon classes will be cancelled by 8:00 am and evening classes will be cancelled by 2:00 pm.

PRIVATE LESSONS: Call our office or stop by the front desk to schedule a private lesson with the coach of your choice. Private lessons are only available to gymnasts who are enrolled in classes at All American or children who are needing cheerleading, boys' team or special needs privates. All participants must fill out a registration form and pay an annual registration form.

PAYMENT METHODS: All American accepts cash, money orders, Visa, MasterCard and Discover. **NO PERSONAL CHECKS ACCEPTED.**

**ALL AMERICAN GYMNASTICS
2008-2009 TORAH PREP SCHOOL YEAR CLASS**

10449 Midwest Industrial Dr. St. Louis, MO 63132
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www.allamericangymnastics.net

STUDENT INFORMATION

Child's Name _____	Sex _____	DOB _____	Age _____
Address _____		City _____	Zip _____
Home Phone _____	Alt. Phone _____		
Mom's Name _____	Cell Phone _____		
Dad's Name _____	Cell Phone _____		
Family E-Mail Address _____			

EMERGENCY INFORMATION

Emergency Contact Person _____	Phone # _____
Physician _____	Medical Conditions _____

CLASS INFORMATION

_____ Monday 2:45 pm: Parent/Child Class (22 month-3 yrs)	_____ Monday 2:45 pm: Preschool (3-5 yrs)
_____ Wednesday 5:00 pm (K-1 st Grade)	_____ Sunday 5:30 pm (2 nd -8 th Grade)

PAYMENT INFORMATION

Annual Registration _____	+ Tuition _____	=Total Enclosed _____
Payment Method (NO PERSONAL CHECKS ACCEPTED)		
_____ Cash	_____ Credit Card	_____ Money Order
Cardholder's Name _____		
Card # _____	Sec. Code (3 digits) _____	
Expiration Date _____	Cardholder's signature _____	

ALL AMERICAN GYMNASTICS RELEASE/WAIVER

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement: In consideration of participating in the activities held and/or run by All American Gymnastics, Inc., I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either know to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as result of my participation in the Activity. I hereby release, discharge, and covenant no to sue, All American Gymnastics, its Respective administrator, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agrees that if despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parental Consent : AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as result of any such claim. I understand that tuition and the yearly registration fee is due prior

Financial Responsibility, Permission for Medical Treatment and Registration Information: I understand that tuition and the yearly registration fee is due in full prior to the start of gymnastic classes. I certify that the person participating is in good health. I hereby authorize simple first aid and consent to any x-rays, exams and medical or surgical diagnosis which are deemed necessary. I have read and understand the Registration Information sheet.



Signature Parent/or Legal Guardian or Participant (18 or over)

Date