



PRICE PER CLASS:

1/2 HOUR	\$12.25
3/4 HOUR-1 HOUR	\$15.50
1 1/4 HOUR	\$17.75
1 1/2 HOUR	\$20.00
OPEN GYM	\$10/15 nonmembers

SUMMER 2017

Only pay for the classes you will be attending!

MONDAY	
7 Weeks: June 19 - July 31, 2017	
4:30-5:30pm	Tenderfoot
	Girls/Boys 6 1/2-9
4:45-5:30pm	Preschool
5:40-6:40pm	Tenderfoot
	Girls 6 1/2-9
	Girls 10-14
6:50- 7:50pm	Open Gym

TUESDAY	
6 Weeks: June 20 - August 1, 2017	
10:00-10:30am	Tiny T
10:45-11:30am	Preschool
1:00-1:45pm	Preschool
4:40-5:40pm	Tenderfoot
	Girls/Boys 6 1/2-9
	Girls/Boys 10-14
5:50-6:50pm	Girls Ninja
	Boys Ninja 6-8
	Boys Ninja 9-11
7:00-8:30pm	Girls and Boys Advanced

WEDNESDAY	
7 Weeks: June 22 - August 2, 2016	
10:00-10:30am	Tiny T
10:45-11:30am	Preschool
1:00-1:45pm	Preschool
4:40-5:40pm	Tenderfoot
	Boys Girls 6 1/2-9
5:45-6:30pm	Preschool
5:45-6:45pm	Tenderfoot
6:50-8:05pm	Accelerated Tenderfoot
	Accelerated Girls/Boys 6 1/2-10

THURSDAY	
7 Weeks: June 22 - August 3, 2017	
10:00-10:30am	Tiny T
10:45-11:30am	Preschool
5:45-6:15pm	Tiny T
6:30-7:15pm	Preschool
6:30-7:30pm	Tenderfoot

Register at desk or over the phone: 410-549-3379

Please Note: The summer session is not a continuation of our regular class program. YOU MUST COMPLETE A SUMMER REGISTRATION FORM. Registration is on a first-come, first-served basis, and there is no registration fee. Payment in full is due upon registration. Let us know which classes you will be missing.

SUMMER 2017 REGISTRATION FORM

STUDENT'S NAME _____ AGE _____ M F CHECK ONE _____ BIRTH DATE _____ PHONE NUMBER _____

DAY AND TIME DESIRED 1st choice _____ 2nd choice _____ DATES NOT ATTENDING _____
 (Your 1st choice will be honored unless otherwise notified.)

PARENT'S NAME _____ WORK PHONE# _____ CELL PHONE # _____ mother father

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

PERMISSION STATEMENT: The above named person has my permission to attend M.A.G.C. I confirm this person's good health. I am also fully aware of and appreciate the risks of serious accidental injury, including head and neck injuries, as well as other damages and losses associated with participation in a gymnastics class or event. I hereby give my permission for M.A.G.C. official or staff member responsible for any possible illness, accident or injury which might occur in training in class or on M.A.G.C. premises.

I do hereby verify that I fully understand and accept the above statement.

SIGNATURE

DATE