



Hey Moms and Dads!

Gymnastics fun for everyone!!! Now you can have your child learn the fun sport of gymnastics right at their school. We are bringing our program to Oneonta Montessori. We'll be providing your child with a 35 minute class once a week and you pay only \$12.50 a Class (\$50 a month). Since 1991 GymnastiKids been providing the basics of tumbling, balance beam, bar, vaulting, mini-trampoline and a whole lot more!!! Classes are taught in a non-competitive, self-esteem boosting environment. Your child will always

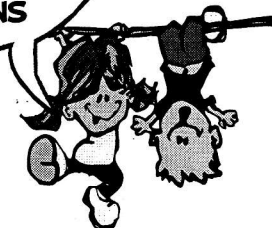
walk out of class feeling like a winner!! Sign-up today!!! Fill out the form below and put in the gymnastics box.

Enroll Your Child Anytime!!!

IMPORTANT INFORMATION FOR PARENTS!!!

- Ages 3 and up.
- 4 Classes per month.
- No credit for classes missed.
- Make checks out to **GYMNASTIKIDS** or call our office for credit card payment.
- Sign up anytime, you will be prorated or credited.
- Classes cancelled because of weather/holiday will be made up.
- Your child will be automatically enrolled month to month unless GymnastiKids receives a phone or written cancellation.
- Billing will be monthly – look for tuition handout last week of the month.

MY CLASS
IS HELD
TUESDAYS @
PRESCHOOL MORNINGS
SCHOOL AGE
AFTERNOONS



Child's Name _____ Age _____ Birth Date _____

Home Address _____ Phone _____

City _____ Zip _____ E-Mail _____

Child's Room # & Teacher _____ School _____

Release: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampolining, and exercise. I understand that catastrophic injury, paralysis, or even death can result from improper conduct of the activity. I hereby consent for myself and/or the above person participating in activities on equipment owned and/or used by GymnastiKids Inc. and hereby agree that I, for myself, child(ren) adopted or otherwise, my heir and executors, waive and release any and all rights and claims for damages that I may have at any time against GymnastiKids Inc., or its agents and representatives for any injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by GymnastiKids Inc.

Parent's Name (please print) _____

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY

MONTH STARTED _____ 1ST MONTH COST \$ _____ CLASS TIME _____