

Competitive Training Schedule Summer 2017

July 4 to August 26

last updated June14

Programs	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Fees
Born 2012 5yrs old (1.5hrs)	5:00-6:30 Kate	10:00- 11:30am Lilia		6:00-7:30 Lilia Sabina after July 22			Interclub programs FOUR WEEKS FEE 1.5hrs/wk - \$205 2hrs/wk - \$215
Interclub 1 6-8yrs old(2hrs)	4:30-6:30 July Sabina Alena from Jul 19	7:00-9:00 Dasha	5:00-7:00 Varia July Tatiana from July 19	4:30 – 6:30 Kate July Alena Aug	5:30-7:30 Lilia Until July 22		2.5hrs/wk - \$225 3hrs/wk - \$235 3.5hrs/wk - \$245 4hrs/wk - \$255 4.5hrs/wk - \$265
Interclub 2 7-9 yrs old	6:30-9:00 Kate July Alena from Aug 19	5:00-7:00 Dasha	6:45-9:00 Varia July Kate Aug	6:30-9:00 Kate July Alena from Jul 19	6:00-8:00 Dasha		5hrs/wk - \$275 6hrs/wk - \$285 6.5hrs/wk - \$295 7hrs/wk- \$305 7.5hrs/wk- \$305
Interclub 3 8 & up		6:00-9:00 Kate July Alena from Jul19		4:30-7:00 Varia Tatiana from July 19	5:00-8:00 Kate July Alena from Jul19		If you take one dance class/wk, you may take a second one for
AGG 7-8yrs & 9-10			5:00-7:00 7-8yrs 7:00-9:00 9-10yrs From July 19				FREE (space permitted.)
Competitive Lidiya	5:00-9:00	5:00-9:00	5:00-9:00	5:00-9:00			Competitive Fee: \$ 35/practice
Competitive Leyla's group	10:30-2:30	12:00-4:00 4:00-7:00**	10:30-2:30	12:00-4:00 4:00-7:00**			
Dance* schedule			5:00-6:00 Beginners 6:00-7:30 Interm/Advance Teria		5:00-6:00 E.K 6:00-7:00Int1/2 7:00-8:00 Int2/3 8:00-9:00 Prov Leyla		
No make-up classes or credit for summer classes. Coaches shown may be replaced at any time.							

PLEASE PRINT CLEARLY

Gymnast's first name:	Last name:		DOB: d/m/y					
Address: Street	Apt #	City:	Postal code:					
Health card #	Allergies:							
Name of Contact:	Cell:	Home:						
Relationship:	E-mail:							
Waiver: The undersigned herby agrees to hold Toronto Aspirals Rhythmic Gymnastics Centre, Gymnastics Ontario, YCDSB,								
YRDSB, harmless from any and all injuries arising out of the activities at any facility at any time or use of equipment, whether								

accidental or otherwise.

Parent's Name: Signature:

Date:

July							August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
		4	5	6	7				1	2	3	4	
	10	11	12	13	14			X	8	9	10	11	
	17	18	19	20	21			14	15	16	17	18	
	24	25	26	27	28			21	22	23	24	25	
	31												

Please circle the days/weeks you plan to practice. You will only pay for those days. No make-up classes or refunds will be given for summer training. No class Mon. August 7.

Notes: