

RECREATIONAL TRAINING SCHEDULE 2015-2016

Sept 3

14-week Fall sessions: September 14/2015 to December 20/2015								Fees	
20-Winter-Spring sessions: January 4 to May 30/2016								Details of payments	
Recreational gymnastics	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	<i>Fall 2015 14 weeks</i>	<i>Win/ Spr. 2016 20 weeks</i>
**Tots R us 18mos-3yrs Parents/Tots .45min co-ed		9:30 -10:15		10:30-11:15	10:15-11:00	9:15-10:00	9:30-10:15	\$295	\$430
**Gym Bees 3 - 4yrs co-ed Kinder gym 1hr	6:00-7:00		6:00-7:00	5:00-6:00	6:00-7:00	9:00-10:00 10:00-11:00	10:15-11:15	\$330	\$475
Beamers & Hoopers 4-5yrs Recreational 1hr.15 min	7:00-8:15	5:45-7:00 7:00-8:15	7:00-8:15	6:00-7:15 7:15-8:30	6:45-8:00	10:00-11:15 11:15-12:30	11:15-12:30	360	555
Artistic Rhythms1 6-8yrs Advance recreational 1,5hrs	7:30-9:00	5:30-7:00	5:30-7:00	7:15-8:45	5:15-6:45	9:45-11:15 11:15-12:45	12:30-2:00 10:15-11:45	\$425	595
Artistic Rhythms 2 8 -13 yrs Advance recreational 2hrs	5:30-7:30	7:00-9:00	7:00-9:00	5:15-7:15	7:00-9:00	10:00-12:00 12:00-2:00	Orthodox Jewish girls 2:00-3:30	\$520	\$730
Jumpions 9-13yrs Gymnastics: 2hrs/wk DanceFusion 8-13yrs 1,5hrs/wk Chose one gym & one dance class	5:30-7:30	7:00-9:00		5:15-7:15	7:00-9:00	10:00-12:00 12:00-2:00	11:45-1:45	\$685	\$1045
			5:30-7:00 7:00-8:30 DanceFusion			2:15-3:45 DanceFusion			
Gym Warriors Gym & Acro 4-5yrs & 6-8yrs Boys class Recreational 1hr			6:45-7:45 4-5yrs 7:45-8:45 6-8yrs					\$330	\$475

Registration form You can fill out this form on your computer and e-mail it to us as an attachment. We will register your child once full payment is received.

Child's First name:	Last name:	DOB:d/m/y	M/F
Address: street	Apt #	City:	Postal Code
Telephone	Cell	E-mail	
Parent' first name	Health card #	Past injuries	
Allergies	How did you learn about us?	Day school attending	
<p>Waiver: The undersigned hereby agrees to hold Toronto Aspirals Rhythmic Gymnastics Centre, and Gymnastics Ontario 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.</p>			
Parent's name:	Signature :	Date	

