

ECS Co-ed Gymnastics Classes *Session IV*

Black Mountain Elementary 33606 N. 60th St.
Classes held Mondays

Class	Grades	Day	Time	Session 4	Dates	Fee
Ages 4 & 5	N/A	M	4:00-4:45PM	6 - weeks	4/4 – 5/9	\$72
Beginner	1-3	M	4:00-5:00PM	6 - weeks	4/4 – 5/9	\$96
Advanced Beg/Inter	2-4	M	5:00-6:00PM	6 - weeks	4/4 – 5/9	\$96

Lone Mountain Elementary 5250 E. Montgomery Rd.
Classes held Tuesdays and Thursdays

Class	Grades	Day	Time	Session 4	Dates*	Fee
Advanced Beg/Inter	2-4	T	3:45-4:45PM	8 - weeks	3/15 – 5/10	\$128
Advanced	4-8	T	5:00-6:15PM	8 - weeks	3/15 – 5/10	\$156
<i>*There will be no class on 3/22</i>						
Beginner	1-3	TH	3:45-4:45PM	7 - weeks	3/31 – 5/12	\$112
Advanced	4-8	TH	5:00-6:15PM	7 - weeks	3/31 – 5/12	\$136



ECS Gymnastics Registration Form

Last/First Name _____ Date of Birth ___/___/___ Grade _____
 Please Circle: M F School _____ Teacher _____
 Parent(s) Name _____ Email Address _____
 Mailing Address _____ City _____ Zip _____
 Phone: Home (____) _____ Work (____) _____ Cell (____) _____
 Emergency Contact Name _____ Phone (____) _____
 Allergies/Medical or other conditions that instructor should be aware of: _____
 Transportation: _____ Parent pick-up _____ Kids Club _____ Other _____

Course Title/Level	Session	Location	Dates	Time	*Total Fees*
					Reg. \$10.00*

The Spring Enrichment Registration Fee is \$10/student. This fee covers all classes from January-May 2016.

Mail form & check to ECS Enrichment, P.O. Box 426 Cave Creek, AZ 85327 **Total Due** _____

Drop off at the ECS Office, 33016 N. 60th St. Scottsdale, AZ 85266

Payment Type: __Check#____ (Checks payable to ECS) __Debit/Credit (in-office only) No Cash is Accepted

I recognize the risks of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Education & Community Services, a Division of CCUSD 93, from and against all claims, costs, liabilities, expenses or judgments arising out of participation in the program. I hereby agree to the aforementioned statement and release ECS and CCUSD and its associates of any financial and/or medical obligation which might be incurred. This signature also allows pictures to be taken of student for promotion of Enrichment.

Signature _____ **Date** _____

(Must be signed for student to be registered)

Office Use Only: Amount Paid _____ Check# _____ Debit/Credit _____ Initials _____ Date _____