

# NEW LOCATION INSIDE ELITE MARTIAL ARTS! 5500 SQ FEET!

Package 1 **\$79**/MONTH

+ ONE TIME \$45
REGISTRATION

PAY \$79 MONTH-TO-MONTH FOR 1 CLASS PER WEEK. \*PAY 3 OR MORE MONTHS IN ADV, RECEIVE FREE REGISTRATION!

Package 2

\$89/MONTH

+ ONE TIME \$45
REGISTRATION

PAY \$89 MONTH-TO-MONTH FOR 2 CLASSES PER WEEK. \*PAY 3 OR MORE MONTHS IN ADV, RECEIVE FREE REGISTRATION!

Package

\$99/MONTH

+ FREE REGISTRATION **BEST FAMILY DEAL!** 

\$99/MO FOR YOUR CHOICE...
UNLIMITED CLASSES

We are working to offer a more flexible schedule to meet your families needs. Come 1 day per week or double up on regularly scheduled classes and come 2 times per week depending on your families schedule. The optional 2nd class per week is there for your convenience and flexibility. We are striving to give your child better results by giving you the opportunity to have them in the gym more often. As always, we will be concentrating on: routines, focus, self-discipline, precise skill development, flexibility, core body strength, agility training & confidence!

#### **OUR GYMNASTICS SCHEDULE IS AS FOLLOWS:**

**TUESDAYS**......GYMNASTICS 4:30 & 5:30 | NINJA WARRIOR 4:30 & 5:30

WEDNESDAYS.....TRAMP/TUMBLE 4:30 & 5:30

**THURSDAY**......GYMNASTICS 3:30, 4:30, 5:30, & 6:30

**ALL GYM CLASSES LOCATED AT 2744-B DECKER BLVD. (BY STAPLES)** 

### KELLY'S GYM CENTER & MOBILE PROGRAMS

**\*803.359.0433** 

29 YEARS INTO YOUR CHILD'S FUTURE OF SPORTS TRAINING!

### **KELLY'S GYMNASTICS CAMPS, PARTIES & SPORTS PROGRAMS**

2744-B DECKER BLVD. - COLUMBIA, SC www.kellysgymn.com 803-359-0433

#### **POLICIES AND PROCEDURES - PLEASE READ! VERY IMPORTANT!**

REGISTRATION FEES: Applicable for All Kelly's Programs (Gymnastics, Camps or Mobile)

- ★ Cost of Camp/Pkg Selected plus \$45 Registration Per child.

  PAY 3 OR MORE MONTHS IN ADVANCE AND GET FREE REGISTRATION.
- A NON-REFUNDABLE REGISTRATION FEE must accompany each registered student if paying monthly.
- Your child will need to re-register if he/she drops and then returns during the calendar year
- CLOSED ON ALL MAJOR HOLIDAYS. No make-ups. Please read your Event Updates Flyer.
- · Contact our office by the 5th of the month if your child is DROPPING OR CHANGING CLASSES or you will be billed accordingly
- If you have any questions, call **KELLY'S GYMNASTICS CAMPS & PARTIES 803-359-0433**

...... CUT OFF AND RETURN BOTTOM PORTION .....

### **GYMNASTICS/CLASS/CAMP REGISTRATION FORM**

Fill out registration and return with check or cash. Call **803-359-0433** to pay with Visa or Mastercard.

| Mother         | Father         |               |       |   |  |
|----------------|----------------|---------------|-------|---|--|
| Address        | O:t-           |               | State |   |  |
| Home Phone     | Work Phone (M) |               | (F)   | ) |  |
| e-mail address |                |               |       |   |  |
| Child's Name   |                | Date of Birth |       |   |  |
| 2nd Child      |                | Date of Birth |       |   |  |
| 3rd Child      |                | Date of Birth |       |   |  |
|                |                |               |       |   |  |

Gymnastics is a sports involving height and motion, like any other sports. Therein occurs the possibility of accidental injury. While it is our expressed intention to provide for the safety and protection of the child, the parent understands and is aware that the possibility of injury is present. Therefore, the parents agree that we shall not be held liable for any injury sustained by the child either before, during, or after participating in his or her scheduled class or any other special event.

## I HAVE READ AND UNDERSTAND ALL POLICIES AND PROCEDURES SET BY KELLY'S GYMNASTICS AND PARTIES

| KELLY'S GYMNASII                       | CS AND PARTIES                 |  |  |
|--|--------------------------------|--|--|
| ★ PAY 3 OR MORE MONTHS IN ADVANCE      | E AND GET FREE REGISTRATION!!! |  |  |
|  |                                |  |  |
| Parent's Signature                     | Date Signed                    |  |  |
| Gymnastics Class/Place                 | Day Time                       |  |  |
| Medical Problems or Concerns:          |                                |  |  |
| How did you hear about us?             |                                |  |  |
| RecommendationA FriendDrive-byAdvertis | sementPhone Book               |  |  |