**2017-18 Monky Bus-iness Rates**

* $40 per month/per child + reg fee
* $35 add’l siblings monthly
* $15 registration per family (can be applied to classes at the facility as well)
* $125 Session Fee (3 months and includes registration fee)/$105 add’l sessions /sibs
* $350 September-May Fee (includes registration fee)/$310 add’l sibs
* You MUST inform Rapid City Gymnastics Academy directly (phone or email) if your child is dropping for any reason or the month’s fee is due.
* **Further information 605-391-5505**
* **Checks are made to RCGA**
* **Paypal payments accepted-my email is** [**strimble169@hotmail.com**](mailto:strimble169@hotmail.com)
* We come to your daycare once a week. The day will be given to you by your daycare. All kids registered will participate in a 40 minute class.
* Each monthly payment will give your child 4 classes. Payments are due the first week of each month or autopay.
* You complete the registration/waiver and payment (check/cash can go to daycare or you may contact RCGA to autopay or pay with credit card).
* We will incorporate all gymnastic skills into your child’s learning circuit-strength, flexibility, balance, coordination, motor skills-gymnastics is one of the best activities to learn all sports concepts!

Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daycare:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ M/F  
First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ M/F  
First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ M/F  
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_  
Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Program Waiver**: **I fully understand that participation in gymnastics poses known and unanticipated risks and possible injury, including bodily injury, paralysis, and death. I and/or my child expressly agree to accept and assume all risks inherent in these activities. I release and discharge Rapid City Gymnastics Academy, their owners, Lessors, employees, volunteers and families on behalf of myself, my children, family, heirs, assigns, personal representatives of my estate of any responsibility of injuries or medical expenses incurred as a result of participation in said activities. I give permission for Rapid City Gymnastics Academy staff to take whatever emergency measures deemed necessary for the care/safety of my child while participation in activities, including but not limited to emergency transportation at my expense.   
Furthermore, I understand the nature of the activity (gymnastics and all activity involved) and I represent that my child (gymnast) is qualified, in good health and in proper physical condition to participate in said activity. Should I ever believe that any of the above representation is no longer true or accurate of my child (gymnast), then it is my responsibility to inform Rapid City Gymnastics staff and discontin**ue said activity.