* 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 session is 10 weeks. Three sessions each school year are included in pricing.
* You complete the registration/waiver and payment (check/cash can go to daycare or you may contact Sarah Trimble to pay)
* 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!

**2019/20 Monky Bus-iness School Year**

* $35 per month- **due 1st week of month**
* **Please include a $15 registration if it is your 1st month and you pay monthly (this is due annually)**
* $100 fee per session (3 months if paid in full includes registration fee)
* **$300 yearly (Sept-May includes reg. fee)**
* You can leave a check at the daycare or you can pay via Paypal through my email
* Limited spots available so sign up now!
* **Contact Sarah for further information 605-391-5505 or** **strimble169@hotmail.com**
* **Checks are made to Sarah Trimble**

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.