

**International Sports Center**

11011 Monroe Road Suite C Matthews, NC 28105

704 841-8407 Fax 704 841-8748

[www.internationalsportscenter.com](http://www.internationalsportscenter.com)**OFFICE ONLY**

Amount Paid \_\_\_\_\_

Prepay or Draft

**2010-2011 Registration**

Parent's First Names \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone Mother ( ) \_\_\_\_\_ Cell Phone Mother ( ) \_\_\_\_\_

Work Phone Father ( ) \_\_\_\_\_ Cell Phone Father ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

<b>STUDENT - A</b>	<b>STUDENT - B</b>	<b>STUDENT - C</b>
Name _____	Name _____	Name _____
DOB _____	DOB _____	DOB _____
Class _____	Class _____	Class _____
Day _____ Time _____	Day _____ Time _____	Day _____ Time _____
Age _____ Gender _____	Age _____ Gender _____	Age _____ Gender _____
Medical Insurance _____	Medical Insurance _____	Medical Insurance _____
Policy # _____	Policy # _____	Policy # _____
Any intolerance to medications, previous illness or injuries the staff should be aware of? _____	Any intolerance to medications, previous illness or injuries the staff should be aware of? _____	Any intolerance to medications, previous illness or injuries the staff should be aware of? _____

I fully understand that International Sports Center Staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the International Sports Center Staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the International Sports Center Staff to call our doctor and to seek medical help, including transportation by an International Sports Center Staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the International Sports Center Staff deem necessary.

We, the staff of International Sports Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic (paralysis or even death) in nature. Gymnastics, Tumbling, and Cheerleading can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

The International Sports Center, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the program offered by all rights and claims for damages that I or my child may have against the International Sports Center and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that that it is the parents' responsibility to warn the child according to what the parent feels is appropriate. International Sports Center will only warn the child through "Safety Messages", our teaching style and progressions.

**X** \_\_\_\_\_  
**(Parent or Guardian Signature)**

**Date** \_\_\_\_\_

# 2010-2011 School Year Schedule

**11011 Monroe Rd.  
Matthews, NC  
28105  
704-841-8407  
Fax 704-841-8748**

<b>Classes</b>	<b>Mon</b>	<b>Tues.</b>	<b>Wed</b>	<b>Thur.</b>	<b>Fri.</b>	<b>Description of Class</b>
<b>Mom &amp; Tots</b> 18 mnths - 3 yrs 1 hr		10:30				Parent guided movement, education and social interaction
<b>Pre-Mix</b> 3-4 yrs old 1 hour	10:00 3:45 5:00	10:00 1:30/2:30 3:45 5:00	3:45 5:00	1:30/2:30 3:45 5:00/6:15	10:00	Preschool gymnastics in a fun learning environment
<b>Super Duper Sports Kidz</b> 3-5 yrs 1 hr	1:30	1:30				Ball sport skills, tumbling & trampoline
<b>T- K Class</b> Boys 4 ½-5 yrs 1 hr Girls	1:30	1:30	1:30	1:30		Intro. to gymnastics in a structured setting
<b>Girls Novice</b> 5 yrs & up 1 hour	<b>2:30*</b> 3:45 <b>5:00*</b> <b>6:15*</b>	<b>2:30*</b> 3:45 <b>5:00*</b> <b>6:15*</b>	<b>2:30*</b> 3:45 <b>5:00*</b>	<b>2:30*</b> 3:45 <b>5:00*</b>	<b>3:45*</b>  <b>*Mix</b>	Entry level for gymnastics skills on all Olympic apparatus
<b>Progressive Novice</b> 5yrs & up 1 hour	<b>2:30*</b> 3:45 <b>5:00*</b> <b>6:15*</b>	<b>2:30*</b> 3:45 <b>5:00*</b> <b>6:15*</b>	<b>2:30*</b> 3:45 <b>5:00*</b>	<b>2:30*</b> 3:45 <b>5:00*</b>	<b>3:45*</b>  <b>*Mix</b>	Experienced students with understanding of basic skills
<b>Intermediate Girls</b> 6yrs & up 1hr 15min.	3:45 5:00 6:15	3:45 5:00 6:15	3:45 5:00	3:45 5:00	3:45	Progressing from basic skills learned at the novice level
<b>Elite Girls</b> 7yrs & up 1hr 30 min.	3:30 5:00	3:30 5:00	3:30 5:00	3:30 5:00		Emphasis on adv. skills, strength and flexibility
<b>Boys Gymnastics</b> 5yrs & up 1 hour	3:45	2:30 3:45 5:00	3:45	3:45 5:00		Beg-Interm. gymnastics skills on all Olympic apparatus
<b>Jr. Tumbling</b> Coed 5yrs & up 1hr	5:00	3:45	5:00	3:45		Beginner - Intermediate tumbling progressions
<b>Rising Stars Cheerleading</b> 5-8 yrs 1 hour			<b>3:45*</b> 5:00	<b>5:00*</b>	<b>*Mix</b>	All inclusive skills class for future cheerleaders
<b>Starburst Cheerleading</b> 8-12 yrs 1 hour		5:00	<b>3:45*</b> 5:00	<b>5:00*</b>	<b>*Mix</b>	Stunts, jumps, cheers, motions, tumbling, FUN!
<b>Tumbling Class</b> 10 yrs & up 1 hour	6:00 7:00	6:00 <b>7:00*</b>	6:00 <b>7:00*</b>	6:00		Beg - Intermediate tumbling skills <b>*Tue &amp; Wed 7:00 Adv.</b>

## **Monthly Tuition**

1 hour class..... \$59  
1 hr 15 min.....\$69  
1 hr 30 min..... \$79  
2 hour class..... \$99  
Pre Team..... \$149

## **Payment Option**

**1. Monthly Debit or Credit Card**  
**Draft** Drafts will be deducted from your account on the 1<sup>st</sup> of each month.  
**2. Prepay** thru December then January thru May.

## **Non-Competitive Team**

*(Recommendation by instructor only)*

### **Mighty Mights**

**1hr/wk**  
Tues or Thurs 2:00

### **Jr. Pre Team**

**1 ½ hr/wk**  
Tues, Wed, or Th 3:30

### **Hot Shots...2 hrs/wk**

Mon or Thurs 3:30

### **Pre Team**

**2 hrs 3x/wk**

## **ISC will be closed:**

**\*Thanksgiving**  
November 25 & 26

**\*Holiday Break**  
December 20 - 31

**\*Winter Break**  
February 16 - 22

**\*Labor Day**  
September 6

### **\*Parents must give a thirty-day drop notice prior to withdrawing a student from class.**

Otherwise, parents will be billed for the entire month. All drop notices need to go through the front desk. No refunds will be given.

\*Two weeks in December and May are designated for **Parent Observation** weeks. Come see what your child has learned during their class time. Students will receive a medal in December and a trophy in May.

### **\*ISC does not offer make up classes.**

**\*There is a \$35 annual registration fee per child.**

**\*Gymnasts** wear either leotards or shorts and t-shirt and barefooted.

**Cheer** wear shorts, t-shirt, and sneakers. Please wear hair pulled back & no jewelry.

**Fall classes start August 23<sup>rd</sup> & end May 27<sup>th</sup>**

# International Sports Center Automatic Payment Authorization

**PLEASE PRINT THE FOLLOWING INFORMATION:**

**Child's Full Name(s)** \_\_\_\_\_ **Class** \_\_\_\_\_

**PERSON AUTHORIZING AUTOMATIC CREDIT CARD- DRAFT PAYMENTS:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E- mail Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

(the above e-mail address is used only to remind you that your payment went through)

Monthly Draft Amount \$ \_\_\_\_\_

**First Draft Date: 10 / 01 /2010**

**Last Draft Date: 05 / 01 / 2011**

**I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. In the event that I change my credit card service to a different bank or different account, I will notify the ISC office at least 15 days prior to the date of my next scheduled automatic payment. I will give a 30-Day written notice to ISC before stopping the automatic draft payment, if for any reason I should withdraw my child from ISC.**

**I hereby authorize drafts from my CREDIT CARD account *only* as specified above.**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
SIGNATURE DATE

**Name as it appears on the credit card (please print)**

\_\_\_\_\_

**Account #** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Type of account:** \_\_\_\_\_  
(Amex, Visa, Master card, or Discover)

Please Return Completed Form to:  
International Sports Center 11011-C Monroe Rd., Matthews, NC 28105  
[www.internationalsportscenter.com](http://www.internationalsportscenter.com) 704-841-8407 EXT 0