

## ISC Class Information

- **School Year Classes:** start August 29<sup>th</sup>, 2011 and run monthly until May 25<sup>th</sup>, 2012.
- **Registration Fee:** \$35 annual fee per child.
- **Make up Classes:** ISC **does not** offer make up classes for any circumstance including closings due to inclement weather.
- **Class Changes:** Class day/time switches or level move up's must be made through the front desk.
- **What to Wear:** *Gymnast* - leotard or shorts and a t-shirt, barefoot, hair pulled back, and no jewelry.  
*Cheerleader*- shorts, t-shirt, sneakers, hair pulled back, and no jewelry.
- **Arrival/Departure:** Students wait at the designated class sign in hallway or in the waiting area to be picked up by the instructor. When the class is finished the instructor will bring the students back to the original meeting location to be picked up by a parent/guardian.
- **Parent Observation:** Two weeks in May are designated to come see what your child has learned during their class time. *Students will receive a trophy.*
- **Gym Rules:** Class kids are not allowed on the floor/equipment unless they are with an instructor. All siblings, who are not in a supervised activity, must be monitored in the waiting area. Parents/guardians and siblings are not allowed on equipment or any part of the gym floor.

## Payment Options

### 1) Automatic Draft

- Drafts will be deducted from your debit or credit card on the 1<sup>st</sup> of each month (Visa, Mastercard, Amex, and Discover accepted).
- The parent or guardian **must give a 30-day drop notice prior to withdrawing a student from the class.** Otherwise, the account will be billed for the entire month and no refunds will be given. All drop notices need to go through the ISC office.
- Registration fee(s) and starting month fees will be charged when registering. The draft will begin on the 1<sup>st</sup> of the next month.***

### 2) Prepay

- Prepay from start date through May.

***\*These are the only two payment options ISC offers. There will be no exceptions made.***

## ISC Closings

\*ISC does not follow all school closing schedules. We are only closed the dates listed below.

### Winter Break

February 15<sup>th</sup> – 21<sup>st</sup>

**BE ACTIVE BE HAPPY AT ISC ☺**

11011 Monroe Road Suite C, Matthews, NC 28105

704.841.8407 Fax 704.841.8748

[www.internationalsportscenter.com](http://www.internationalsportscenter.com)

# 2011-2012 Class Schedule

<u>Classes</u>	<u>Age/ Gender</u>	<u>Length &amp; Amt</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Th</u>	<u>Fri</u>	<u>Description of Class</u>
<b>Mom &amp; Tots</b>	18m – 3yrs Coed	1 hr \$59/mth		10:30				Parent guided movement, education and social interaction.
<b>Pre-Mix</b>	3-4 yrs. Coed	1 hr \$59/mth	10:00 4:00 5:15	10:00 1:30 4:00 5:15		1:30 4:00 5:15 6:30	10:00	Preschool gymnastics in a fun learning environment.
<b>Super Duper Sports Kidz</b>	3-5 yrs Boys	1 hr \$59/mth	1:30	1:30				Ball sport skills, tumbling & trampoline.
<b>T-K Boys</b>	4 ½-	1 hr				1:30		Intro. to gymnastics in a structured setting.
<b>T-K Girls</b>	5 yrs	\$59/mth	1:30	1:30	1:30	1:30		
<b>Novice</b>	5 yrs & up Girls	1 hr \$59/mth	4:00	4:00	4:00	4:00		Entry level for gymnastics skills on all Olympic apparatus.
<b>Combo</b>	5 yrs & up Girls	1 hr \$59/mth	2:45 5:15 6:30	2:45 5:15 6:30	2:45 5:15	5:15	4:00	Novice & Progressive novice students combined. <b>*Class will be split by level if deemed necessary.</b>
<b>Progressive Novice</b>	5yrs & up Girls	1hr \$59/mth	4:00	4:00	4:00	4:00		Experienced students with understanding of basic gymnastics skills.
<b>Intermediate</b>	6yrs & up Girls	1 hr 15 min \$69/mth	4:00 5:15 6:30	4:00 5:15 6:30	4:00 5:15	4:00 5:15	4:00	Progressing from basic skills learned at the novice level.
<b>Elite</b>	7yrs & up Girls	1 hr 30min \$79/mth	4:00	4:00 5:30	4:00 5:30	4:00 5:30		Emphasis on adv. skills, strength and flexibility.
<b>Boys Gymnastics</b>	5yrs & up Boys	1 hr \$59/mth	4:00	2:45 4:00 5:15	4:00	4:00 5:15		Beg-Intermediate gymnastics skills on all Olympic apparatus.
<b>Jr. Tumbling</b>	5yrs & up Coed	1 hr \$59/mth	5:15	4:00	5:15			Beginner – Intermediate tumbling progressions.
<b>Rising Stars Cheerleading</b>	5-8 yrs Coed	1 hr \$59/mth			4:00 5:15	5:15		All inclusive skills class for future cheerleaders.
<b>Starburst Cheerleading</b>	8-12 yrs Coed	1 hr \$59/mth		5:15	5:15	5:15		Stunts, jumps, motions, cheers, & tumbling!
<b>Tumbling</b>	10yrs & up Coed	1 hr \$59/mth	5:30 6:30	5:30 6:30 <b>7:30*</b>	5:30 6:30 <b>7:30*</b>	5:30 6:30 7:30		Beg – Intermediate tumbling. <b>* Tues &amp; Wed 7:30 Adv. – Back Handspring required.</b>

## Non-Competitive Team Schedule: (Recommendation by instructor only)

<b>Mighty Mites</b>	1 hour \$59/mth		2:00					One day a week.
<b>Jr. Pre Team</b>	1 ½ hrs \$79/mth		3:45	3:45	3:45	3:45		One or two day(s) per week.
<b>Hot Shots</b>	2 hours \$99/mth		5:45		5:45			One or two day(s) per week.
<b>Pre Team</b>	2 hours \$179/mth		3:45	3:45	3:45			Required 3 days per week.

# 2011-2012 Class Registration

**International Sports Center**  
 11011 Monroe Road, Suite C  
 Matthews, NC 28105  
 704.841.8407 Fax 704.841.8748  
 www.internationalsportscenter.com

**Start Date:** \_\_\_\_\_

**Office Use Only**  
 Prepay Amt Paid \$ \_\_\_\_\_ Draft Form\_\_ Charged \$ \_\_\_\_\_

**Student - A**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Class \_\_\_\_\_  
 Day \_\_\_\_\_ Time \_\_\_\_\_

**Student - B**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Class \_\_\_\_\_  
 Day \_\_\_\_\_ Time \_\_\_\_\_

**Student - C**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Class \_\_\_\_\_  
 Day \_\_\_\_\_ Time \_\_\_\_\_

**Mother's First/Last Name** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Father's First/Last Name** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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

**Medical Insurance** \_\_\_\_\_ **Subscriber ID** \_\_\_\_\_

Any tolerance to medications, previous illness or injuries the staff should be aware of?

## Liability Waiver/Medical Release

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** \_\_\_\_\_

**OVER**

# Policies and Guidelines

**International Sports Center**

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Matthews, NC 28105

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## PLEASE READ CAREFULLY AND *INITIAL* ALL BELOW:

\_\_\_\_\_ **I will give a 30-day drop notice to the ISC office**, if for any reason I should withdraw my child from ISC. Notifying an instructor or any other personnel will not be adequate.

\_\_\_\_\_ ISC **does not offer make up classes** for any circumstance including closings due to inclement weather.

\_\_\_\_\_ If I need to switch my child's class day and time or if he/she gets moved up to the next level, **I will contact the ISC office to make the proper changes**. Notifying an instructor or any other personnel will not be adequate.

\_\_\_\_\_ My child is only allowed on the floor/equipment if they are with an instructor.

\_\_\_\_\_ I will **monitor** all siblings etc., who are not in a supervised activity, in the waiting area and understand that I nor any parent, guardian, or sibling **is allowed on the equipment or permitted on the gym floor at any time**.

**X**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Automatic Draft Payment Authorization

**International Sports Center**  
11011 Monroe Road, Suite C  
Matthews, NC 28105  
704.841.8407 Fax 704.841.8748  
www.internationalsportscenter.com

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Child's First/Last Name(s) \_\_\_\_\_ Class \_\_\_\_\_

**PERSON AUTHORIZING AUTOMATIC DRAFT PAYMENTS:**

First/Last Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

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

**PLEASE READ CAREFULLY AND INITIAL ALL BELOW:**

\_\_\_\_\_ I hereby authorize monthly tuition payments of \$ \_\_\_\_\_, to be drafted from the account designated below.

\_\_\_\_\_ **First Draft Date: \_\_\_\_ / 01 / 2012 ~ Last Draft Date: 05 / 01 / 2012**

\_\_\_\_\_ **I will give a 30-day notice to the ISC office before stopping the automatic draft payment,** if for any reason I should withdraw my child from ISC.

\_\_\_\_\_ In the event that I change my credit/debit 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.**

**Name as it appears on the CREDIT/DEBIT card (please print):**

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**