

SPRING 2017 CHEER REC PROGRAM & TEAM ENRICHMENT



Register at: Oshkosh Gymnastics & Cheer, LLC
2080 W. 20th. Ave. Oshkosh, WI 54904
(920)-235-7800

Classes Held at: Oshkosh Jets Facility
1359 Planeview Dr, Suite 3
Oshkosh, WI 54904

(Approx. 4 miles from OGC off Washburn frontage road, 1/2 miles past Hwy 26. 2nd building back off frontage road)

Calendar
April 24 - June 2 (6 Wks)

Jet Try-Outs: June 11 & 12

REC CHEER CLASSES		
260. Rec 1 Cheer: 5+ Yrs. Old /Once a Week	Section Day	Time
260.01	Wednesday	6:00 - 7:00 p.m.
264. Try-Out Prep: 5+ Yrs. Old /Once a Week	Section Day	Time
264.01	Monday	5:00 - 6:00 p.m.
252. Tumbling Beg Level 1: 5+ Yrs. Old/ Once a Week	Section Day	Time
252.02	Wednesday	5:00 - 6:00 p.m.
253. Tumbling Adv Level 1: 5+ Yrs. Old/ Once a Week	Section Day	Time
253.02	Wednesday	7:00 - 8:00 p.m.

Cheer Performance Team
For the athlete not yet placed on a Jets team that wants to try the team format and perform without the full commitment to travel. No experience needed...join the fun!

265. Cheer Performance Team
5+ Yrs. Old & Older/Once a Week

Section Day	Time
265.01	Thursday 6:00 - 7:30 p.m.

TEAM ENRICHMENT CLASSES		
235. Dance n Choreo	Section Day	Time
235.01	Wednesday	7:00 - 8:00 p.m.
235.02	Thursday	6:00 - 7:00 p.m.
237. Jumps n Strength	Section Day	Time
237.01	Monday	7:00 - 8:00 p.m.
237.02	Tuesday	5:00 - 6:00 p.m.
237.03	Tuesday	7:00 - 8:00 p.m.
237.04	Wednesday	5:00 - 6:00 p.m.
237.05	Wednesday	7:00 - 8:00 p.m.
237.06	Thursday	5:00 - 6:00 p.m.
237.07	Thursday	7:00 - 8:00 p.m.

Class Costs: 1 Hour: \$ 100.00
1.5 Hour: \$ 125.00

Payment Due Dates: Registration Day
Discount for 2016/2017 Jets Team Members:
1st Class is full price. Take 50% off of the 2nd and additional classes.

230. Partner Stunting	Section Day	Time
230.01	Monday	5:00 - 6:00 p.m.
230.02	Monday	7:00 - 8:00 p.m.
230.03	Wednesday	5:00 - 6:00 p.m.
231. Elite Stunting	Section Day	Time
231.01	Monday	6:00 - 7:00 p.m.
231.02	Tuesday	7:00 - 8:00 p.m.
231.03	Wednesday	6:00 - 7:00 p.m.
231.04	Thursday	5:00 - 6:00 p.m.
226. Top Girl & Flexibility	Section Day	Time
226.01	Tuesday	6:00 - 7:00 p.m.
226.02	Wednesday	6:00 - 7:00 p.m.
226.03	Thursday	5:00 - 6:00 p.m.
226.04	Thursday	6:00 - 7:00 p.m.

Cheer Tumbling
Teacher recommendation required for all levels after Beg Level 1. For Ages 5 & Up.

252. Tumbling Beg Level 1	Section Day	Time
252.01	Tuesday	6:00 - 7:00 p.m.
252.02	Wednesday	5:00 - 6:00 p.m.
252.03	Thursday	5:00 - 6:00 p.m.
253. Tumbling Adv Level 1	Section Day	Time
253.01	Monday	6:00 - 7:00 p.m.
253.02	Wednesday	7:00 - 8:00 p.m.
253.03	Thursday	5:00 - 6:00 p.m.
254. Tumbling Beg Level 2	Section Day	Time
254.01	Monday	5:00 - 6:00 p.m.
254.02	Tuesday	7:00 - 8:00 p.m.
255. Tumbling Adv Level 2	Section Day	Time
255.01	Monday	6:00 - 7:00 p.m.
255.02	Tuesday	5:00 - 6:00 p.m.
257. Tumbling Beg Level 3	Section Day	Time
257.01	Thursday	6:00 - 7:00 p.m.
256. Tumbling Level 3/4	Section Day	Time
256.01	Monday	7:00 - 8:00 p.m.
256.02	Thursday	7:00 - 8:00 p.m.

PLEASE: How did you hear about us? (Circle) Friend/Relative Radio Newspaper Television Parades Birthday Parties Other: _____

AUTHORIZATION OF MEDICAL CARE: In case of illness or injury while with Oshkosh Gymnastics & Cheer, LLC in cases where a parent cannot be reached, the staff of Oshkosh Gymnastics & Cheer, LLC may authorize medical care and treatment for the above named participant.

AGREEMENT TO PARTICIPATE: I understand that gymnastics like any other situation involving height and movement involves risk and the chance of serious injury. This student has no problems that might compromise their safe involvement.

LIABILITY WAIVER: I understand that Oshkosh Gymnastics & Cheer, LLC carries secondary insurance for participants and forever releases the staff and owners from responsibility or liability for medical expenses incurred by any participant.

AGREEMENT TO PAY: I understand that I am required to keep a credit card on file on my OGC Parent Portal account. I give OGC permission to charge my credit card on file for all monthly tuition fees not paid by the 1st of each month. I understand that there are no refunds or credits for missed or dropped classes once the session begins and that I am liable for my child's tuition until I have filed the proper withdrawal paperwork with OGC. I also understand the annual registration fee is non-refundable.

PARENT, LEGAL GUARDIAN or ADULT PARTICIPANT (SIGNATURE REQUIRED): _____

Registration Form		OSHKOSH GYMNASTICS & CHEER, LLC		Semester: _____											
Name(s)	AGE SEX	BIRTHDATE	Sec.#	Monthly Tuition	Total Tuition										
_____	____/____	____/____/____	XXXX	\$ _____	\$ _____										
_____	____/____	____/____/____	_____	\$ _____	\$ _____										
_____	____/____	____/____/____	_____	\$ _____	\$ _____										
Parent/Guardian #1: _____	#2: _____	Cell Phone: _____	City: _____	Zip: _____	_____										
Address: _____	City: _____	Phone: _____	Hospital: _____	_____	_____										
Emergency Contact: _____	_____	_____	_____	_____	_____										
Physician: _____	_____	_____	_____	_____	_____										
Insurance Co. _____	_____	_____	_____	_____	_____										
E-MAIL Address: _____															
NOTE: List medical conditions you wish staff to be made aware of on back of form.															
<table border="1"> <thead> <tr> <th>SubTotal</th> <th>Credits</th> <th>ARF * # of Children</th> <th>Total</th> <th>1st. Install + ARF</th> </tr> </thead> <tbody> <tr> <td>\$ _____</td> <td>\$ (-) _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>						SubTotal	Credits	ARF * # of Children	Total	1st. Install + ARF	\$ _____	\$ (-) _____	\$ _____	\$ _____	\$ _____
SubTotal	Credits	ARF * # of Children	Total	1st. Install + ARF											
\$ _____	\$ (-) _____	\$ _____	\$ _____	\$ _____											

(For Office Use ONLY)

Monthly Installments:

#1 _____ #2 _____ #3 _____ #4 _____

Invoice Date:

1st. _____	1st. _____	1st. _____
2nd. _____	2nd. _____	2nd. _____
	3rd. _____	3rd. _____
		Final _____

Comments

Medical Information

Picture & Video Waiver

The Oshkosh Gymnastics & Cheer and/or OGC Jets Cheer is seeking consent in the event your child is interviewed, photographed or videotaped for anything that may be viewed outside the gymnastics school setting (including local newspaper, TV or Internet). I give approval for my child to be photographed, videotaped or interviewed for purposes of advertising, interviews and/or instructional materials.

Signature of legal guardian or parent: _____

Date: _____

ANNUAL REGISTRATION FEE:

A non-refundable Annual Registration fee of \$30.00 per student, new and returning, is required at the beginning of each FALL, WINTER & SPRING Session. The fee for students beginning in SUMMER is \$20.00. The reduced fees are only valid until the School Year Session begins. This fee is Non-Refundable and serves to register your child as a member of Oshkosh Gymnastics & Cheer, LLC and defray the cost of insurance.

WHAT TO WEAR...For safety students should dress in gym shorts, tank tops or fitted t-shirts and wear athletic shoes with soft, flat soles. Students may be asked to purchase a pair of cheer shoes specifically designed for stunting. Warm-ups may be worn but must be removed during stunts. Hair should be tied back and jewelry, candy, gum, food/drink will not be allowed in the gym area.

REGISTRATION & TERMS OF PAYMENT... Class registration is on a first come, first serve basis. Registration requires completing and signing a class Registration Form either online or by hard copy and submitting it with your first monthly payment. *OGC also requires a credit card to be kept on file for payment of monthly fees.*

OGC REGISTRATION POLICY: OGC is a session program with a flat rate monthly tuition based on an AVERAGE of four (4) classes per month. If a month has 5 classes we do not increase tuition. If a month has 3 classes, we do not pro rate tuition.

Please note: There are no refunds issued for a six week session due to early withdrawal.

ADDITIONAL INFORMATION...

Family/Class Discounts: If two or more family members enroll, deduct \$5.00 for the second child and each additional child from their first full monthly payment. This also applies to a student who enrolls in more than 1 class or section.

Class Selection: When selecting a section, choose the appropriate age and ability level. Ask for help if necessary. Write the correct Section Number for the preferred time on the Registration Form. Classes are filled as registrations arrive. You will be notified if a class is full and a change is necessary.

Returned Check Policy... There will be a \$30.00 Service Charge on all returned check payments.