

**AFTER SCHOOL
CLASSES NOW AVAILABLE!**

Goethe International Charter

Session 3 Registration Deadline 9/12/11!



**D – Dedication
R – Respect
E – Effort
A – Achievement
M – Maturity**

Toddler, Youth, & Teen Programs Available!



Gymnastics Classes

Program Tuition

\$90.00 - 1 Class - 6 Week Session

Register for multiple classes and receive 15% off!

Spaces are limited! Please return the registration form/medical release with payment to the AOGC staff person on site. All classes are taught by highly qualified coaches who have trained and taught gymnastics at All Olympia Gymnastics Center.

Session 2: Registration Deadline September 12, 2011

6 Week Session - 9/13/11- 10/18/11

No classes during School Vacation days.

Beginning Gymnastics Kindergarten & 1st Grade

Tuesday 3:00-3:45

Beginning Gymnastics 2nd Grade & Up

Tuesday 3:45-4:30

Class Attire

Comfortable pants (no jeans), cotton; shorts, shirts and leotard if any

AOGC provides first-rate instruction in gymnastics and tumbling for youth ages 2-18 years. Our program offers competitive artistic gymnastics teams, serving a wide range of ages, interests and abilities. At AOGC we believe that the core values shaping our young athletes center on strong work ethic, personal character, teamwork, discipline and perseverance. We are dedicated to providing every child and teen with positive experiences and memories that will last a lifetime.

All Olympia Gymnastics Center

Allolympiagym1@gmail.com- 12500 Beatrice St. Los Angeles, Ca 90066- (310) 301-8066

www.allolympiagym.com

Partners with LA Dream All Star Inc., Los Angeles



GOETHE AFTER SCHOOL CLASSES
Registration Form

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Week Session –9/13/11-10/18/11

No classes on school holidays and vacations.

Class Registration:

Student's Name: _____ **Class #:** _____

Check all that apply:

_____ **Beginning Gymnastics Kindergarten 1st Grade – Tuesday 3:00-3:45pm – Gym**

_____ **Beginning Gymnastics 2nd Grade- 5th - Tuesday 3:45-4:30pm – Gym**

Tuition Payment:

Check one:

_____ **\$90.00** **1 class per week**
_____ **\$153.00** **2 classes per week**

***AOGC accepts cash, check or credit card.
Please make checks out to AOGC. If paying
by credit card please fill out the Credit Card
Authorization below.***

Credit Card Authorization

Card Type (circle one): M/C VISA DISCOVER

Card Number: _____ **Expiration Date:** ____/____ **SEC CODE:** _____

Card holder's Name: _____ **Cell Phone:** _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Total Amount \$ _____ ***I authorize AOGC to charge my credit card for the amount listed.***

Signed: _____ **Date:** _____

(Print Name of Parent/Legal Guardian) _____

Parent/Legal Guardian of _____ (Student's Name)



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Medical and Media Release Form

Forms must have original signatures. Photocopies will not be accepted.

Participant Name: _____ Grade- Fall 10th: _____ Age: _____
Participant School: _____ Participant Cell: _____
Home Address: _____ City/State/Zip: _____
Home Telephone: _____ Date of Birth: _____
Parent(s): _____ Parent Cell: _____
Parent Email: _____ Participant Email: _____
Emergency Contact: _____ Emergency Contact Phone: _____
Health Insurance Co. & Policy #: _____
Family Doctor & Dr.'s Phone: _____

Do you have any medical problems or allergies that may interfere with this program? Yes / No

If so, please describe problem(s) or limitation(s): _____

Do you have medication for this with you? If yes, please describe: _____

I fully understand and will instruct my daughter/son that there are risks and dangers associated with participation in cheerleading and dance (which include all aspects such as tumbling, stunting, jumping, leaping, turning etc.). These risks are not limited to bodily and may include injury, partial and/or total disability, paralysis and even death. I will not hold responsible LA Dream All Stars, its affiliates, or its representatives including any owners, partners, directors, officers, employees, coaches, assistants, volunteers, staff, vendors, sponsors, or any persons associated with this program, as well as the venue/facility in which the program is being held and/or conducted. I authorize any representative of the program party to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my daughter/son, which may become necessary. I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses of such treatment. I agree to protect, defend, indemnify and hold harmless LA Dream All Stars, its affiliates, or its representatives including any owners, partners, directors, officers, employees, coaches, assistants, volunteers, staff, vendors, sponsors, or any persons associated with this program as well as the venue/facility in which the program is being held and/or conducted from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of daughter/son, the undersigned, or any other persons or damage to or destruction of property arising from or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my daughter's/son's participation.

I also understand that LA Dream All Stars produces promotional material about their program and events. I understand that my daughter/son may be included in videotape or photography taken during this event. I hereby grant LA Dream All Stars, its successors, assignees, licensees, vendors, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or video tape my daughter/son and further to utilize my daughter's/son's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that LA Dream All Stars is under no obligation to exercise any of its rights, licenses and privileges herein granted. I also understand that LA Dream All Stars will promote in a tasteful manner.

The above named participant has my permission to attend/participate in the LA Dream All Stars Program. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the Program directors or their agent to act in my behalf to provide emergency medical treatment. I further release LA Dream All Stars of all liabilities associated with my daughter's/son's participation in the program and all events associated with LA Dream All Stars.

Parent/Guardian Signature: _____ Date: _____

Contact AOGC: allolympiagym1@gmail.com * allolympiagym.com
Leticia Perez (310) 301-8066