



CLASS SCHEDULE 2011

PROGRAMS	AGE	MON	TUE	WED	THUR	FRI	SAT	SUN
Moms & Tots	2-3		10-11am		10-11am			
Kinder Gym	3+		10-11am	6-7pm	10-11am		10:00-11:00am	10:30-11:30am
Recreational Circus & Gymnastics	5+		6-7:30pm	6pm - 7pm 6pm - 7:30pm	6-7:30pm		10:30am-12pm	10:30am-12pm
Performance & Advanced groups	10+	6:00-7:30pm	7-8:30pm	7-8:30pm	7-8:00pm			
Women's Fitness (Adult)	Adult & teen	7-8pm			7-8pm			
Ballet	5+						10-11am	10-11am
Break-Dancing, Acrobatics, Body conditioning Drop-in	Teen & Adult				8:00-9:30pm			

CLASS FEES 2011

**FALL Saturday Sept 11-
>Sunday Dec 19 (15 weeks)**

**WINTER Saturday Jan 8 -
>Sunday March 13 (10 weeks)**

**SPRING TERM Monday, March 19 -
> Monday, June 23 (14 weeks)**

Lesson Time	Single Class	Full Semester
1 hr	\$20.00	\$255.00
1.5 hr	\$25.00	\$340.00

Lesson Time	Single Class	Full Semester
1 hr	\$20.00	\$170.00
1.5 hr	\$25.00	\$226.00

Lesson Time	Single Class	Full Semester
1 hr	\$20.00	\$240.00
1.5 hr	\$25.00	\$320.00

A yearly registration fee of \$30.00 (includes WWC T-Shirt) + HST

*Private Lessons are available at the rate of **\$40** per hour, **\$30** if you sign up for a minimum of 10 lessons. + HST

CLUB PAYMENTS AND DISCOUNT POLICIES

Family Discount: 5% off for second child, 10% off for third and each child after.

Refunds: No refunds after second session/class.

Credits: Will be given if a child missed three or more consecutive classes when accompanied by doctor's letter. No cash refunds. Credits cannot be carried over to the following year.

CHECKS: Valid photo ID must be presented with check. ----- **NSF:** \$25 charge will apply for all returned checks.

NOTE:

- * Parents are not allowed in the gym during classes and we are not responsible for any parents in the gym.
- * All students must be registered before entering the first class.
- * Full payment for each semester must be presented upon registration.
- * No refunds or discounts for unattended portion of current or past semester will be considered.
- * Two classes in the first semester and one class in the second semester missed due to absence, may be "made up" as schedule permits.
- * Please allow 24 hours notice to schedule "make up" classes.
- * The school reserves the right to cancel any classes due to insufficient enrollment and try to find another placement on a different day.
- * No classes during Winter, March and Summer breaks. There will be camps available through this time.
- * Gym will be closed for Thanksgiving, Good Friday, Victoria Day, Only one Make-up class is available per semester.
- * No classes from December 21 to January 7rd.
- * March Camp – March 14-18.

Name: _____ Day: _____ Date Started: _____

Discount: _____ Amount Paid: \$ _____ **WCW GST# 869 135 848**



Wonderful World of Circus - 2600 John St, Unit 116, Markham ON L3R 3W3
905 479 2411 / 416 258 9344 info@circus4you.com



Release of Liability
ASSUMPTION OF RISK

I, the undersigned Participant, or if under the age of eighteen, the Parent or Legal Guardian of the Participant(s), do hereby acknowledge that there is the possibility of accidental or other physical injury when participating in one or more of the activities at the Wonderful World of Circus. I understand and assume the risk of such injury to myself or to my child(ren). I certify that I am willing to assume the risk of any medical or physical condition that I or my child(ren) may have.

In signing this document, I hereby accept and assume total and complete responsibility and liability for any such injury and all expenses related thereto. I hereby agree to hold harmless Wonderful World of Circus and any and all instructors, independent contractors, or volunteers related for any injury to myself or to my child(ren) and for any loss or damage to personal property.

In consideration of myself I and/or my child(ren) being permitted to participate in circus activities, I and/or my child(ren) hereby agree that I/we have read and understand this document and I/we agree to be bound by the terms of this document. I acknowledge that this release is continuing in nature and shall bind me for subsequent activities, sessions or programs of the Wonderful World of Circus that I may engage in from time to time. Wonderful World of Circus retains the right to require execution of a new release in its discretion and from time to time.

Name:	Birth Date:	Sex: M/F
Address:	City:	Zip
HomeTel:	Parent's Name(s):	
Work Tel:	E-Mail:	
Emergency Contact:		Tel:
Medical Problems (if any) :		Health Card #:

Print Name _____ Signature _____ Date: _____

If under 18 the PARENT / LEGAL GUARDIAN should sign.

For office use:

FEE: \$	PAID: \$
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