

**2014 REGISTRATION FORM**  
**Key West Sports Academy**

(305)896-2458 [www.KeyWestSportsAcademy.com](http://www.KeyWestSportsAcademy.com) 700 Truman Ave [Suzanne@KeyWestSportsAcademy.com](mailto:Suzanne@KeyWestSportsAcademy.com)

Yearly Registration Fee of \$35 is due at registration. Registration fees last one year from September 1 and will not be prorated. Your registration fee entitles you to gym membership and all the benefits pertaining to being a member of KWSA including discounted admission to special events, member only functions, etc.

All classes are subject to minimum as well as maximum enrollment requirements. If we find a class does not meet the requirements, you will have the option of transferring to another class. If your first choice class is full you can be put on a waiting list, students currently enrolled will be given priority for wait listed classes.

*Payment for Class Fee/ Registration must accompany this form. All payments are NON-REFUNDABLE.*

**Please complete the form below and check the sessions you will be attending.**

**TUITION 12 WEEK SEMESTER RATES**

PARENT&TOT / PRESCHOOL	\$195	DEVELOPMENTAL GYMNASTICS	\$255
TUMBLING	\$255	ACROBATIC GYMNASTICS	\$255

**TUITION 4 WEEK SESSION RATES**

PARENT&TOT / PRESCHOOL	\$75	DEVELOPMENTAL GYMNASTICS / TUMBLING	\$95
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ALL PRE COMPETITIVE AND COMPETITIVE PROGRAMS ARE INVITATION ONLY IF YOUR CHILD WISHES TO BE CONSIDERED  
PLEASE SPEAK TO SUZANNE

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (REQUIRED)

HOW DID YOU HEAR ABOUT KWSA? \_\_\_\_\_

CLASS \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**KWSA Office Hours: Monday-Thursday 4:00-6:30pm**

**12 WEEK SEMESTERS**

( ) SEMESTER 1: 8/18-11/8: August 18 ( ) SEMESTER 2: 11/10-2/28: November 10  
(Closed for THANKSGIVING 11/23-11/30 Closed for Winter Break 12/14-1/4)

( ) SEMESTER 3: 3/2-5/30: March 2 (Closed for SB 3/22-3/29)

**4 Week Sessions**

( ) Session 1: 8/18-9/13: August 18	( ) Session 2: 9/15-10/11: September 15
( ) Session 3: 10/13-11/8: October 13	( ) Session 4: 11/10-12/13: November 10
( ) Session 5: 1/5-1/31: January 5	( ) Session 6: 2/2-2/28: February 2
( ) Session 7: 3/2- 4/4: March 2	( ) Session 8: 4/6- 5/2: April 6

**CHECK ONLINE FOR MONDAY HOLIDAYS**

**For Office Use Only**

Date Rec. \_\_\_\_\_ Ck# \_\_\_\_\_ Amt. \_\_\_\_\_ RateCode \_\_\_\_\_ WVR \_\_\_\_\_ Sib \_\_\_\_\_ ICP \_\_\_\_\_ CContact \_\_\_\_\_