



(215) 968-0600
 NAC Program Desk Ext.112
programs@newtownathletic.com
 For more information contact:
garypags@newtownathletic.com

Gary Pagliaro
 215-968-0600 Ext.
 #112

2009-2010

Cost \$35 per month NAC Members \$75 per month General Public

AWA- Athletes With Autism

Classes Begin September 21, 2009- End May 1, 2010

No Classes: 9/18, 9/28, 10/31, 11/3, 11/25-11/29, 12/24-1/2, 1/18, 2/15, 3/29, 4/3.

"One of the most under-utilized yet effective treatments for autistic individuals is exercise."

YOUTH AGES 2-4

Tuesday 5:30pm-6:00pm Swimming	Thursday 4:30pm-5:00pm Fun with Fitness	Saturday 9:00am-9:30am Swimming
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YOUTH AGES 5-8

Monday 4:15pm-4:45pm Taekwondo	Tuesday 4:00pm-4:30pm Gymnastics	Thursday 5:00pm-5:30pm Fun with Fitness	Saturday 9:30am-10:00am Swimming
	5:00pm-5:30pm Swimming		10:00am-10:30am Basketball

YOUTH AGES 9-12

Monday 4:15pm-4:45pm Taekwondo	Tuesday 6:00pm-6:30pm Swimming	Thursday 6:00pm-6:30pm Basketball	Saturday 10:00am-10:30am Basketball
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Student Name: _____ Class Types: _____ / _____ Day: _____

Rules and Regulations:

**AWA - Athletes
with Autism**
2009-2010
September 21 – May 1

Cost
Family Members: \$35 per month
Non-members: \$75 per month
(program dues will be taken from account on
the 18th of each month)

- Call the Program Desk for any absences.
215.968.0600 x 112
- Attire: Workout and comfortable clothing is recommended. Must wear sneakers.
- **Have Fun**
- No Classes: 9/18, 9/28, 10/31, 11/3, 11/25-11/29, 12/24-1/2, 1/18, 2/15, 3/29, 4/3.
- ***Weather Policy:** For weather related school closings, we follow the Council Rock School District. For delayed openings, there will be no morning classes. For early dismissals, check www.newtownathletic.com.

215.968.0600 ext. 12

209 Penns Trail Newtown, PA 18940

www.newtownathletic.com

Office use only: BP: _____ INV: _____

AWA – Sign up FORM

Students Name: _____ Phone: _____

Your Email: _____ Age: _____

Class Information

Class type: _____ Day: _____ Time: _____

Class type: _____ Day: _____ Time: _____

Method of Payment

Cost: \$ _____ Registration Fee: \$ _____ Total Cost: \$ _____

Check # _____ Cash _____ Visa _____ MC _____ Discover _____ Club Charge _____ # _____

Credit Card # _____ Exp Date _____

Liability Release Participant expressly agrees on his/her behalf that all use of the club shall be undertaken at his/her sole risk, and that the Club's owners, managers and employees shall not be liable for any damages or injuries to any member or guest, or be subject to any claim or demand whatsoever. Each participant assumes responsibility for him or herself and on behalf of his/her executors, administrators and assigns, does fully and forever waive, release and discharge the Club's owners, managers, employees and agents from any and all claims, demands, damages, rights of action or cause of action, present or future whether the same be known or unknowns, anticipated, resulting from, or arising out of, the Member or his/her guest, or his/her minor children's use or intended use of the Club's facilities and equipment. I consent to pictures being taken of the Participant and understand that any such pictures will become property of the Club. They may be used without payment of fees or other compensation to the Participant.

--- The NAC reserves the right to cancel or change program schedules due to low enrollment

--- Participant who cancels one week prior to the start of a fee-based session may submit a credit request with a \$20 processing fee

--- Cancellations after the start of the session will not receive a refund or credit

--- Refunds will not be given after the start of the session at any time for programs canceled by participants, unless a physicians' note is submitted with a refund request

Where the Participant is a minor (under 18), a parent or legal guardian must sign below indicating agreement with the terms this application on behalf of the minor child.

Signature: _____ **Date:** _____