

## 2017 FALL GYMNASTICS CLINICS, PARTIES AND WORKOUTS

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**GYMNASTICS SPECIALTY CLINICS**

**Ages 5 - 17**

If you want to learn or perfect a certain gymnastic skill, these clinics are for you. Focus and work on one skill and achieve it!

● = Novice, Little Springers, Grade School, Levels 1 - 2 ■ = Levels 3 - 9, Pre-Team			
<input checked="" type="checkbox"/>	Clinic	Level	Date
<input type="checkbox"/>	Handspring on Vault	■	October 4
<input type="checkbox"/>	Backward Roll on Floor	●	October 11
<input type="checkbox"/>	Back Handspring on Floor	● ■	October 18
<input type="checkbox"/>	Hip Pullover on Bar	●	October 25
<input type="checkbox"/>	Jumps, Leaps & Turns on Beam	● ■	November 1
<input type="checkbox"/>	Back Walkover on Floor	■	November 8
<input type="checkbox"/>	Handstand on Floor	●	November 15
<input type="checkbox"/>	Squat on Bar	■	November 22
<input type="checkbox"/>	Cartwheel on Beam	● ■	November 29
<input type="checkbox"/>	Back Handspring on Floor	● ■	December 6
<input type="checkbox"/>	Comfort on High Beam	● ■	December 13
<input type="checkbox"/>	Level 1 - 3 on Vault	● ■	December 20

Wed..... 3:30pm - 4:15pm

**Fee per Clinic**

Family Member \$6.00  
 Youth Member \$7.00  
 Participant \$11.00



**GYMNASTICS THEMED PARTIES**

**Ages 3 - 7 (2 & Under with Parent)**

Come and join your friends for these theme-based gymnastics parties. Use your imagination, eat a healthy snack for energy and stay fit doing a lot of flipping fun! **Please register at least 24 hours in advance.**

<input checked="" type="checkbox"/>	Party	Date	<input checked="" type="checkbox"/>	Party	Date
<input type="checkbox"/>	Dinosaur	10/11	<input type="checkbox"/>	Thanksgiving	11/15
<input type="checkbox"/>	Halloween	10/18	<input type="checkbox"/>	Sunshine	12/6
<input type="checkbox"/>	Star Wars	11/8	<input type="checkbox"/>	Christmas	12/13

Wed..... 2:00pm - 3:15pm

**Fee per Party**

Family Member \$6.00  
 Youth Member \$7.00  
 Participant \$12.00



**SPECIAL GYMNASTICS & PARKOUR WORKOUTS**

**All Ages**

The Gymnastics Center is supervised by our coaches for you to swing and flip! Children age 5 and under must be with a parent or adult. Families are also welcome. If your school would like to schedule a no school day workout, please contact Jill at 920-451-8000 x122. **Please register at least 24 hours in advance.**

October		November		December					
<input checked="" type="checkbox"/>	Fri	<input checked="" type="checkbox"/>	Sun	<input checked="" type="checkbox"/>	Fri	<input checked="" type="checkbox"/>	Sun	<input checked="" type="checkbox"/>	Sun
<input type="checkbox"/>	10/27	<input type="checkbox"/>	10/8	<input type="checkbox"/>	11/17	<input type="checkbox"/>	11/19	<input type="checkbox"/>	12/3
<input type="checkbox"/>		<input type="checkbox"/>	10/15	<input type="checkbox"/>		<input type="checkbox"/>	11/26	<input type="checkbox"/>	12/10

**Coed Gymnastics Workout Times**

Fri - No School Days ..... 12:00pm - 1:30pm  
 Sun ..... 11:30am - 1:00pm

**Parkour Workout Times**

Sun ..... 1:15pm - 2:45pm

**Fee per Workout, per Day**

Family Member \$4.00  
 Youth Member \$5.00  
 Participant \$7.00



Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_