



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Sheboygan County YMCA 2024 SPRINGERS GYMNASTICS TRAINING TEAM

Boys Ages 6 - 18 & Girls Ages 4 - 18

Experience a Springers Gymnastics Team workout led by team coaches in this exclusive program. Acquire the strength, flexibility and skills necessary to join the team. Once a gymnast has attained 90% of the skills on each event at their respective level, they will be encouraged to join the Sheboygan County YMCA Springers Gymnastics Team.

April 1 - May 27, 2024

Girls Practice Times

Monday	4:15 – 5:45
Tuesday	5:30 – 7:00
Wednesday	4:15 – 5:45
Thursday	5:30 – 7:00

Boys Practice Times

Monday	5:15 – 7:00
Tuesday	4:15 – 6:00
Wednesday	5:15 – 7:00
Thursday	4:15 – 6:00

*Contact Coach Denice for changes in times

Fee per Session

\$150.00 – YMCA Members

\$240.00 – Participants



- A parent informational meeting will be held from 5:45pm – 6:45pm on Monday, June 10 to discuss Springers Gymnastics Team eligibility, requirements and responsibilities.
- The training team registration form and the medical information form included in this packet must be filled out prior to registration. They are fillable forms that can be emailed to Denice Nugent, dnugent@sheboygancountyyymca.org or printed and returned to her attention at the Sheboygan YMCA.
- Option to participate in the Sunshine Meet, May 18th at the Sheboygan YMCA.
- Please contact Denice Nugent at dnugent@sheboygancountyyymca.org or 920-451-8000 x123 for more information.

Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081 • 920-451-8000



Sheboygan County YMCA
2024 SPRINGERS TRAINING TEAM REGISTRATION FORM

→ The forms can be saved as your child's name and attached in an email to Denice.

Name of Child _____ **Birth Date** _____ ☐ M ☐ F
Class Level Completed _____ **YMCA Membership #** _____
Address _____ **City** _____ **State** _____ **Zip** _____

Parent/Guardian's Name _____ **Phone 1** _____ **Phone 2** _____
Email Address (required) _____ ***please notify Denice if email changes!***

Parent/Guardian's Name _____ **Phone 1** _____ **Phone 2** _____
Email Address (required) _____ ***please notify Denice if email changes!***

☒ **Girls Practice - Must Select Two**

- ☐ Monday 4:15pm - 5:45pm
- ☐ Tuesday 5:30pm - 7:00pm
- ☐ Wednesday 4:15pm - 5:45pm
- ☐ Thursday 5:30pm - 7:00pm

☒ **Fee per Session**

- ☐ \$150.00 - YMCA Member
- ☐ \$240.00 - Participant

☒ **Boys Practice - Must Select Two**

- ☐ Monday 5:15pm - 7:00pm
- ☐ Tuesday 4:15pm - 6:00pm
- ☐ Wednesday 5:15pm - 7:00pm
- ☐ Thursday 4:15pm - 6:00pm

☒ **Fee per Session**

- ☐ \$150.00 - YMCA Member
- ☐ \$240.00 - Participant

☐ **I will attend the parent's meeting on Monday, June 10, 2024 from 5:45pm - 6:45pm.**

Hold Harmless Agreement

I hereby agree to waive any claim or liability 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 of every kind and description which may be brought against the YMCA on account of death, injury or damage to persons or property received by any persons by reason of acts or omissions of the users in their use. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities. I have read the registration policy in the program brochure and this participation release.

Parent/Guardian Signature _____ **Date** _____

Payment Options

☐ Online Registration done at www.sheboygancountyyymca.org. Payments will be verified by YMCA staff. (Session 24S1, Program Code 1GTRAINING)

☐ Cash

☐ Check # _____

☐ Credit Card (Mastercard, Visa or Discover)

Card # _____ Expiration Date _____ Security Code _____

- **Please return the registration form to the Sheboygan YMCA, Attention Denice Nugent.**
- **For more information, contact Denice at dnugent@sheboygancountyyymca.org or 920-451-8000 x123.**

Receipt # _____ \$ Amount _____ Date _____ Staff _____
24S1-1GTRAINING...



**Sheboygan County YMCA
2024 SPRINGERS TRAINING TEAM MEDICAL INFORMATION FORM**

Name of Child _____ Birth Date _____ ☐ M ☐ F Level _____
Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone 1 _____ Phone 2 _____
Address _____ City _____ State _____ Zip _____

Email Address (required) _____ ***please notify Denice if email changes!***

Father's Name _____ Phone 1 _____ Phone 2 _____
Address _____ City _____ State _____ Zip _____

Email Address (required) _____ ***please notify Denice if email changes!***

Emergency Contact (*other than parents*)

Name _____ Relationship _____
Phone 1 _____ Phone 2 _____

Child's Physician _____ Phone _____

Preferred Hospital _____

Preferred Ambulance _____

Medications taken on a regular basis _____

Allergies ☐ Latex
☐ Other (please specify) _____

Special Concerns (*physical, medical, emotional*)

Health Insurance Information

Company _____ Policy # _____ Group # _____
Address _____ Phone # _____

Emergency Plan

In case of emergency, I hereby give permission to the physician selected to secure proper treatment for my child up to and including injections, anesthesia, hospitalization and/or surgery.

Parent/Guardian Signature _____ **Date** _____

- ***Please return the medical information form to the Sheboygan YMCA, Attention Denice Nugent.***
- ***For more information, contact Denice at dnugent@sheboygancountyymca.org or 920-451-8000 x123.***

Date the above child is starting the 2024 Sheboygan Springers Training Team: _____

Date contract received _____ *for office use only*