

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.

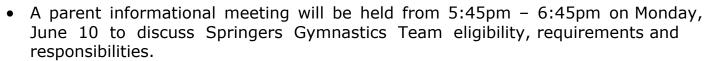
April 1 - May 27, 2024

Girls Practice Times		Boys Practice Times	
Monday	4:15 - 5:45	Monday	5:15 - 7:00
Tuesday	5:30 - 7:00	Tuesday	4:15 - 6:00
=	4:15 - 5:45	Wednesday	5:15 - 7:00
Thursday	5:30 - 7:00	Thursday	4:15 - 6:00

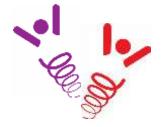
^{*}Contact Coach Denice for changes in times

Fee per Session

\$150.00 - YMCA Members \$240.00 - Participants



- 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@sheboygancountyymca.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@sheboygancountyymca.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 _____ Dirth Date _____ Dirth Date _____ Dirth Date _____ Dirth Date Class Level Completed ______ YMCA Membership # _____ _____City _____State ____ Zip_____ Address 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 ☑ Boys Practice – Must Select Two ■ Monday 4:15pm - 5:45pm ☐ Monday 5:15pm - 7:00pm ☐ Tuesday 5:30pm – 7:00pm ☐ Tuesday 4:15pm - 6:00pm ■ Wednesday 4:15pm - 5:45pm ☐ Wednesday 5:15pm - 7:00pm ☐ Thursday 5:30pm - 7:00pm ☐ Thursday 4:15pm - 6:00pm **☑** Fee per Session ■ \$150.00 - YMCA Member □ \$150.00 - YMCA Member ■ \$240.00 - Participant ■ \$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 _____ **Payment Options** Online Registration done at www.sheboygancountyymca.org. Payments will be verified by YMCA staff. (Session 24S1, Program Code 1GTRAINING) ☐ Cash ☐ Check # ☐ Credit Card (Mastercard, Visa or Discover) ______Security Code ______ Card #

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

_\$ 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	StateZip	
Mother's Name	Phone 1	Phone 2	
Address	City	StateZip	
Email Address (required)		lease notify Denice if email changes!	
Father's Name	Phone 1	Phone 2	
Address	City	State Zip	
Email Address (required)	ρ	lease notify Denice if email changes!	
Emergency Contact (other than pare	ents)		
Name	Relationship		
Phone 1	Phone 2		
Child's Physician	Phone		
Preferred Hospital			
Allergies	, emotional)		
Health Insurance Information			
	Policy #	Group #	
	•	Phone #	
and including injections, anesthesia, h Parent/Guardian Signature • Please return the medical info	nospitalization and/or surgery. rmation form to the Sheboygan YM		
Date the above child is starting the 20	024 Sheboygan Springers Training Tea	m:	
Date contract received	for office use only		