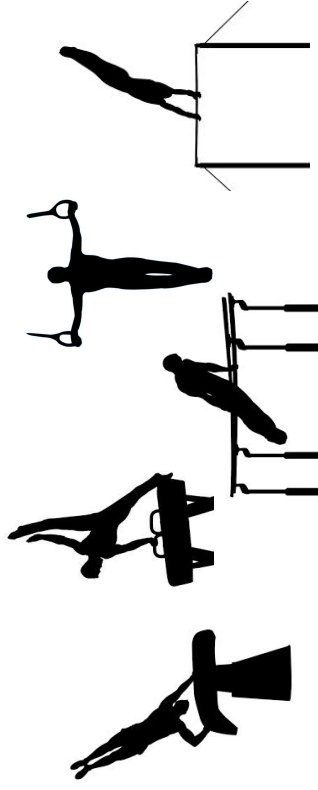


TRUSSVILLE GYMNASTICS

Boys Classes [Ages: 5.5+] Summer Session [June 3- August 3] Registration Form



Parental Consent: I, parent or guardian of _____, hereby give approval for his or her participation in the Trussville Gymnastics Program at the Trussville Parks and Recreation Department Athletic Center. I assume all risks and hazards incidental to such participating in the Trussville Gymnastics Program. I fully understand that the nature of gymnastics involves jumping, twisting, flipping, landing, etc. Precautions are in place at the gymnasium to protect my child from injury but accidents, however rare, are possible. I hereby certify that my child is fully capable of participating in gymnastics and that my child is healthy with no physical or mental disabilities that would restrict full participation in the activities of the gymnastics program. In addition to giving my full consent for my child's participation, I do hereby waive, release, absolve, and indemnify and agree to hold harmless the City of Trussville, Trussville Parks and Recreation Department, the Park Board, it's Directors, Officers, Members, Staff, Supervisors, Trussville Gymnastics, Coaches, and Officials for any claim arising out of injury to the child, except to the extent and in the amount covered by the accident and/or liability insurance. I understand that Trussville Gymnastics and the City of Trussville will not be liable in any way for medical, doctor, hospital, or dental expenses. It is my specific understanding by signing this document that all parents and guardians of my child will be giving up the right to all claims, suits, causes of actions, demands, monies, attorney fees and judgments.

I give my permission to the Trussville Gymnastics staff, or a staff member of the Trussville Parks and Recreation to authorize any emergency medical treatment that my child/ward may require during the Gymnastics Session.

Parent Signature _____ Date _____

Periodically the Parks and Recreation Department & Trussville Gymnastics will use pictures of participants on the web page or other forms of advertising. Please sign below if you don't have an issue with us using these photographs.

Parent Signature _____ Date _____

For Office Use Only
Payment Method: Cash ___ Credit Card ___ Check ___ Staff Member? ___

Check Number _____ Credit Card/Cash Receipt # _____

NO CLASSES THE FOLLOWING DATES:

July 4 [Independence Day]

MAKE-UP CLASSES WILL BE SCHEDULED:

[TBD]

601 Parkway Drive, Trussville AL 35173
205.492.3898

www.trussvillegymnastics.com

BOYS CLASS DESCRIPTIONS

CLASS INFO



The **BEGINNER BOYS** class involves the development of basic skills for floor, high bar, parallel bars, pommel horse, and rings. Gymnasts will also be introduced to basic stretching and conditioning. Boys who are new to gymnastics should sign up for this class.



Ages: 5-5+
Class Length / Frequency: 1 hour, Once per week
Session Dates: June 3-August 3, 2019
Days and Times: Tuesday 5:30-6:30pm
Fees: \$10 session reg. fee, \$135 tuition per session
Coach to Gymnast Ratio: 1:8



Gymnasts who have passed the Beginner Boys class should enroll in the **INTERMEDIATE** class. There will be more emphasis on teaching the correct technique of skills learned in the Beginner class. Students are expected to do more conditioning at practice and at home.



Ages: 5-5+
Class Length / Frequency: 1 hour, Once per week
Session Dates: June 3-August 3, 2019
Days and Times: Tuesday 6:30-7:30pm
Fees: \$10 session reg. fee, \$135 tuition per session
Coach to Gymnast Ratio: 1:8



Gymnasts who have passed the Intermediate Boys class should enroll in the **ADVANCED** class. Students will learn skills similar to those in Level 4 Boys Gymnastics, including more tumbling and strength building exercises.



Ages: 5-5+
Class Length / Frequency: 1.5 hours, Once per week
Session Dates: June 3-August 3, 2019
Days and Times: Wednesday 5:00-6:30 pm
Fees: \$10 session reg. fee, \$150 tuition per session
Coach to Gymnast Ratio: 1:8

GYM POLICIES

- Parents are responsible for their children **BEFORE** and **AFTER** class. No child should be left unattended. Please be in the gym 5 minutes before class is over.
- We reserve the right to cancel classes without a minimum of 3 students. If we do, we will refund your tuition or let you switch to an open class.
- In order to secure a spot in a class, we must receive a completed registration form, signed waiver, tuition payment, and non-refundable annual registration fee. Once the session has begun, no refunds or credits will be issued.
- Gymnasts must wear leotards or athletic shorts with shirt tucked in. Hair must be pulled back in ponytail. No jewelry, shoes or socks.

Child: _____ Age: _____ D.O.B _____
Mom: _____ Mom cell: _____
Dad: _____ Dad cell: _____
Parent Email: _____ DL #: _____
Address: _____ City: _____ Zip: _____
Special Needs /Allergies: _____
Class Level (circle): Beginner Intermediate Advanced
Class Day: _____ Class Time: _____

* PLEASE FILL OUT INFORMATION BELOW *

_____ I have read and fully understand all of the information listed in this registration including the right to cancel class, late fees and no refunds once session has started.

PARENT SIGNATURE: _____ DATE: _____