

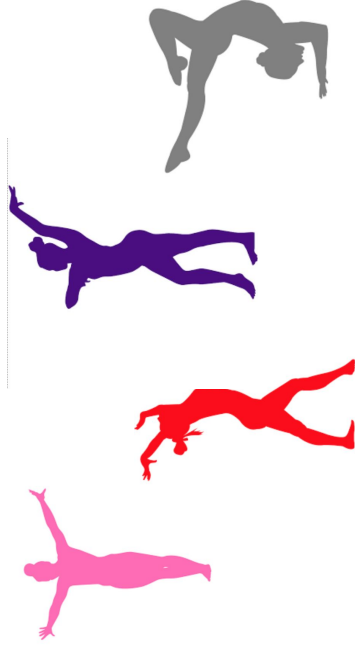
TRUSSVILLE GYMNASTICS

Recreational Color Classes

Ages: 5.5-6, 7-9 yrs

Summer Session [June 3 - Aug 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 4th [Independence Day]

MAKE-UP CLASSES
[TBD]

601 Parkway Drive, Trussville AL 35173
205.492.3898

www.trussvillegymnastics.com

Recreational Class Descriptions

Class Times



No previous experience is required to enroll in **PINK TEAM**. Pink team instruction involves the development of basic skills for vaulting, uneven bars, balance beam, and floor work as well as an introduction to basic stretching and conditioning.



Gymnasts who have passed Pink Team should enroll in **RED TEAM**. This class focuses on refining the fundamentals learned in Pink Team and more attention is put into teaching the correct technique of these skills. During these 9 weeks students are expected to do more conditioning (strength building) at practice and at home.



Gymnasts who have passed Red Team should enroll in **PURPLE TEAM**. During the 9 weeks session, the gymnasts are encouraged to practice their skills without the coach assisting. The students are also introduced to the idea of "form" during their gymnastics and conditioning will become an important segment of class.



Gymnasts who have passed Purple Team should enroll in **SILVER TEAM**. In this class students begin to learn the skills required in the Level 1 USA Gymnastics compulsory routines. The gymnasts will start to perfect the basic skills in floor, bars, beam, and vault.

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 (boys shorts and tee-shirts) and hair must be pulled back into a ponytail. No jewelry, shoes or socks.

Class (age)	Monday	Tuesday	Wednesday	Thursday	Saturday
Pink (5-5-6)		4:30	4:30		10:00
Pink (7-9)				5:30	11:00
Red (5-5-6)	6:30			6:30	10:00
Red (7-9)		6:30			11:00
Purple (5-5-6)				4:30	
Purple (7-9)	5:30	5:30			11:00
Silver (7-9)	4:30				

Classes 1 hour/ once per week
\$10 registration fee - \$135 per 9 week session
Coach to Gymnast Ratio - 1:8

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

____ 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: _____