



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# Gymnastics Clinics Registration Form – Fall 2014

TWIN LAKES FAMILY YMCA

## CLINIC SELECTION & DESCRIPTIONS\*

Clinic	Ages	Day & Time	Member Fee	Non-Member Fee	Selection
Cartwheel Clinic	4+yrs	Friday, Sept. 5 (3:30-4:15pm)	\$10	\$13	
		Friday, Sept. 19 (3:30-4:15pm)	\$10	\$13	
		Friday, Oct. 3 (3:30-4:15pm)	\$10	\$13	
		Friday, Oct. 17 (3:30-4:15pm)	\$10	\$13	
		Friday, Nov. 7 (3:30-4:15pm)	\$10	\$13	
		Friday, Nov. 21 (3:30-4:15pm)	\$10	\$13	
		Friday, Dec. 5 (3:30-4:15pm)	\$10	\$13	
		Friday, Dec. 19 (3:30-4:15pm)	\$10	\$13	
Bridge Clinic	5+yrs	Friday, Sept. 5 (4:30-5:15pm)	\$12	\$15	
		Friday, Oct. 3 (4:30-5:15pm)	\$12	\$15	
		Friday, Nov. 7 (4:30-5:15pm)	\$12	\$15	
		Friday, Dec. 5 (4:30-5:15pm)	\$12	\$15	
Pullover Clinic	4+yrs	Friday, Sept. 19 (4:30-5:15pm)	\$12	\$15	
		Friday, Oct. 17 (4:30-5:15pm)	\$12	\$15	
		Friday, Nov. 21 (4:30-5:15pm)	\$12	\$15	
		Friday, Dec. 19 (4:30-5:15pm)	\$12	\$15	

**Cartwheel Clinic (4+yrs):** Children will concentrate on different drills and progressions in order to achieve and improve their cartwheel.

**Bridge Clinic (5+yrs):** Children will concentrate on drills, skills and progressions in order to master and improve their bridge.

**Pullover Clinic (4+yrs):** Children will concentrate on varied drills and stations as well as conditioning exercises that focus on the muscles utilized in pullovers in order to proficiently perform this beginner bar mounting skill, which is key for children to advance to Level 2 gymnastics.

**\*Clinics are subject to cancellation due to lack of participation and registration may close early if classes fill up.**



**Y STAFF ONLY**

Gy. Clinics (14GYM) Clinic: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## PARTICIPANT INFORMATION

PARTICIPANT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE / ZIP: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL / WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL / WORK PHONE: \_\_\_\_\_

**MEDICAL CONCERNS** (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

CLINIC CHOICE:  Cartwheel Clinic  Bridge Clinic  Pullover Clinic

CLINIC DATE(S): \_\_\_\_\_

## PARTICIPANT WAIVER

Please **INITIAL or ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

\_\_\_\_\_ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_\_\_ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

\_\_\_\_\_ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

\_\_\_\_\_ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are **NOT PERMITTED** unless a physician's note is submitted stating the inability to complete the clinic. The full details of this policy are available at the Member Services Desk.

\_\_\_\_\_ **Additional Notes (REQUIRED):** Proper attire must be worn at all times. Clinics are subject to cancellation due to lack of participation and registration may close early if classes fill up. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the Twin Lakes Family YMCA at (512) 250-9622.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TWIN LAKES FAMILY YMCA

204 E. Little Elm Trail, Cedar Park, TX 78613

P 512 250 9622 [ymcagwc.org](http://ymcagwc.org)

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