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# STRETCH YOUR LIMITS!

**Coed Gymnastics**  
**CHASCO FAMILY**  
**YMCA** January 7-November 29, 2019

- Classes held at Gymnastics Studio, CHASCO YMCA
- Bank-drafted program. Drafts on 1st of month.

<b>6-WEEK INTRO</b>	<p>Tuesdays 4:30pm-5:15pm 5:30pm-6:15pm</p> <p>Y Members: \$55 per child Non-Members: \$70 per child</p>	<b>BEGINNER</b>	<p>Mon. or Wed. 4:30pm-5:15pm (Mon or Wed) 5:30pm-6:15pm (Mon or Wed)</p> <p>\$15 Registration Fee Y Members: \$52 per child / month Non-Members: \$70 per child / month</p>	<b>INTERMEDIATE</b>	<p>Tuesdays 6:30-7:15pm or Thursdays 5:15pm - 6:00pm 15pm</p> <p>\$15 Registration Fee Y Members: \$99 per child / month Non-Members: \$124 per child / month (Instructor Evaluation Required to Enroll)</p>	<b>ADVANCED</b>	<p>Mondays &amp; Wednesdays 6:30pm-7:15pm</p> <p>\$15 Registration Fee Y Members: \$99 per child / month Non-Members: \$124 per child / month (Instructor Evaluation Required to Enroll)</p>
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Focusing on enhancing basic body movement, coordination, and muscle development, Beginning Gymnastics is a great way to get the fundamentals down!

- Full class descriptions can be found on the reverse side of this flyer registration form.
- Questions? Contact Tammy Andresen at 512-615-5543 or [tandresen@ymcagwc.org](mailto:tandresen@ymcagwc.org)

# COED GYMNASTICS

## Program Class Descriptions & Information

### 6-WEEK INTRO CLASS

This 6-week class is used by instructors as an evaluation tool. Instructors will teach the basic skills needed to promote to the beginner level classes. At the end of the 6 week class a letter will be handed out to each participant that recommends which class to sign up next. It may be necessary to repeat the 6 week class if the skill requirements have not been met to move forward. This repeats every 6 weeks and the curriculum does not change. Ages 5 and up. Classes are 45 minutes.

### BEGINNER

This class is a year around programs. Our curriculum will teach your child basic gymnastic skills on four events: Bars, Beam, Floor and Vault. Ages 5 and up. Classes are 45 minutes. Completion of a 6 week introductory class is required before enrolling unless approved by an instructor.

### INTERMEDIATE

This class is an invite only class. The child will have to be invited by an instructor prior to enrolling in this class. The curriculum for the class will be to master the beginner skills and introduce new skills. This class is a year around program. Ages 5 and up. Classes are 45 minutes. Designed for more experienced children.

### ADVANCED

This class is an invite only class. Curriculum will be focused on helping children to build their skill level to assist in getting them to the next level of gymnastics.

## IMPORTANT NOTES

- ✓ Participants must complete a 6 week introductory class before moving on to higher skill level classes.
- ✓ Participant may begin program at any time.
- ✓ Bank draft information must be collected at time of registration.
- ✓ Proper attire must be worn at all times. Hair must be pulled back if long enough to cover face.
- ✓ Days & times subject to change due to enrollment.
- ✓ Financial assistance is available for those who qualify.
- ✓ Please note that our facility and programs are required to be PEANUT FREE and TREE NUT FREE.

## ABOUT THE COACHES

**Jeff Andresen** is 2-time NCAA All American and collegiate Hall of Fame gymnast. Jeff has over 30 years of coaching experience at all levels.

**Tammy Andresen** is a former High School All-Conference gymnast with more than 20 years of coaching experience at all levels.

## GYMNASTICS RULES / POLICIES / FAQs

### DRAFTED PROGRAM

This is a drafted program that will be drafted on the 1st of each month. If you wish to cancel the class you will need to submit a cancellation form 14 days before your draft.

### REFUNDS / MISSED CLASSES

There are **no** refunds for missed classes. Your child/children have a place reserved for them in their specified class. If classes are missed they will not be deducted from tuition or refunded. NO refunds for missed classes or holiday closings. Our classes are based on a yearly calendar, holidays & months with extra weeks are included in the calendar.

### PARENTAL VIEWING POLICY

Parents are allowed in the gymnastics area but if it becomes a distraction for the instructor or your child the instructor has the right to ask you to wait outside. To limit distractions please do not speak to the participants while they are in class. If you have questions or concerns about your child, you are more than welcome to speak with your child's coach after class. If you need further assistance please contact the Director.

### CAN I DROP MY CHILD OFF AND LEAVE THEM DURING THEIR CLASS?

We strongly encourage all parents stay at the Y during their child's class.

### GYMNASTICS ATTIRE

Proper attire must be worn at all times. This is for the safety of the participant and to ensure a successful class.

**Girls:** Leotard or comfortable clothing that the child can easily move in.

**Boys:** Comfortable clothing that the child can easily move in.

Everyone with hair that gets in their face must have it pulled back. This is for the safety of the participant.

**If a participant does not have their hair pulled back, they will be sent back to the parents to find a suitable solution.**

### Jewelry

Jewelry is not allowed during class. All necklaces, bracelets, watches & earrings (studs are okay) should be removed prior to class starting. **We are not responsible for any lost or stolen jewelry.**



# CHASCO FAMILY YMCA

## COED GYMNASTICS REGISTRATION FORM

NAME OF CHILD: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

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

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

PARENT / GUARDIAN NAME(S): \_\_\_\_\_

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

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

- SESSION SELECTION:**
- |  |  |  |
|--|--|--|
| <p><b>6 WEEK INTRO</b> – New Participants</p> <p>June 4th-July 9 th (Tuesdays)</p> <p>July 16th- Aug 29th (Tuesdays)</p> <p><input type="checkbox"/> 4:30-5:15pm</p> <p><input type="checkbox"/> 5:30-6:15pm</p> | <p><b>BEGINNER*</b> – Current Participants</p> <p><input type="checkbox"/> 4:30-5:15pm • Mondays</p> <p><input type="checkbox"/> 5:30-6:15pm • Mondays</p> <p><input type="checkbox"/> 4:30-5:15pm • Wednesdays</p> <p><input type="checkbox"/> 5:30-6:15pm • Wednesdays</p> <p><b>INTERMEDIATE</b> - Invite Only</p> <p><input type="checkbox"/> 5:15-6:00pm • Thursday</p> <p><input type="checkbox"/> 6:30-7:15pm • Tuesday</p> | <p><b>ADVANCED</b> – Invite Only</p> <p><input type="checkbox"/> 6:30-7:15 Monday&amp;Wednesdays</p> |
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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 treatment and I cannot be reached, I hereby authorize the Y to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medical treatment, if, in fact my child require the attention of a physician.
- \_\_\_\_\_ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child’s use of the facilities or participation in the Y program.
- \_\_\_\_\_ **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 physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.
- \_\_\_\_\_ **Bank Draft Policy (REQUIRED):** This is a drafted program that will be drafted on the 1st of each month. If you wish to cancel the class, you will need to submit a cancellation form 14 days before your draft. The first draft will be September 1 & the last draft will be May 1.
- \_\_\_\_\_ **Additional Notes (REQUIRED):** Financial assistance is available for all those who qualify. For any questions, please contact the CHASCO Family YMCA at 512-615-5508.

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



**Y STAFF ONLY**      19G      Amt. Paid: \_\_\_\_\_      Date: \_\_\_\_\_      Staff Initials: \_\_\_\_\_