



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GYMNASTICS OPEN GYM

**Summer Session**  
June 2 –August 17, 2019



## WIGGLES AND GIGGLES (9 mos - 3 yrs.)

This popular class is open to small children under the age of 4yrs old. This time is set aside as an “open gym” format where toddlers are encouraged to engage their 5 senses and explore different colors and textures with our gym mats, equipment and games. This period in a child’s development is extremely important and engaging the body and mind with physical activity has been proven to aid in accomplishing growth milestones. Parents should come prepared to get on the floor and play with their kiddos! Must be within ratio of one child per adult.

Thursdays 10:30—11:15am  
Tuesdays 10:45—11:30am  
Fridays 12:00—12:45 pm

## OPEN GYM (4+ Yrs.)

Gymnasts and Cheerleaders are welcome to take advantage of an open gym to focus on and develop skills they were not able to accomplish during class time. There is no curriculum or formal instruction for this class, however we will have a gymnastics coach on hand to help students with technique advice and spotting! You do not need to be registered in our gymnastics program to take advantage of this class.

Saturdays 12-00 –12:45 pm

**PRICE:** YMCA Members  
6 visits \$35/6 visits \$50  
Community Members  
6 visits \$45/10 visits \$60

**Location:** Gymnastics Studio



# TWIN LAKES FAMILY YMCA OPEN GYM

**SUMMER 2019**

Registration Dates

Member Registration begins: 04/01/19  
 Non-Member Registration begins: 04/21/19

Session Dates

June 2nd—August 17th

Check Desired Class Time & Day:

Wiggles and Giggles (9 mos-3yrs)

Open Gym (4+ yrs)

## PARTICIPANTS INFORMATION

PARTICIPANTS NAME \_\_\_\_\_ SEX (M /F) \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADULT PARTICIPANT NAME: \_\_\_\_\_ (Wiggles & Giggles only)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_ HM PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT & RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

## PARENT / GUARDIAN'S ACKNOWLEDGEMENTS

**MEDICAL WAIVER:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact my child requires the attention of a physician.

**WAIVER:** I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, 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 YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

**PHOTO RELEASE:** I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display.  
 YES: INT \_\_\_\_\_

**REFUND / TRANSFER POLICY:** I understand that the YMCA has no refund policy. INT \_\_\_\_\_

**PARENTS / GUARDIAN ACKNOWLEDGEMENT:** This is to acknowledge that I have read and agree to the above information. INT \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Y STAFF ONLY**

Program Code: (19GYM) Staff Initials: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_