



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRESCHOOL INTRO TO GYMNASTICS



Six Week Sessions

Session 4 2019: June 3rd - July 9th

Session 5 2019: July 16th-Aug 20th

Tiny Tot (18 mos - 3yrs old)

This class is designed specifically for toddlers and their parents! In this class parents and children work together to increase the child's attention span, special awareness and motor skills. We will accomplish these goals with group time activities like games and songs, as well as rotation on vault, bars, beam, floor and trampoline.

Must be within ratio of one child per adult.

Classes are 45 minutes

Flippin' for Fun (3 yrs old)

The Flippin' for Fun class is designed to give your child independence! In this class children work to increase their confidence, ability to work in a structured environment, and continue to build fine motor skills. Our curriculum includes an emphasis on weight transference, balance and body awareness. We play games and provide fun filled learning obstacles.

Classes are 45 minutes

Developmental (4-5 yrs old)

This class prepares children for the Beginner level Year-round Progressive program. Your child will be introduced to basic body positioning and gymnastics terminology. Children begin basic tumbling skills, and learn proper techniques using the bars, balance beam, and vault. Stations are centered around fun themes while placing a greater emphasis on form and body placement.

Classes are 45 minutes

6 WK PRICE: \$55/YMCA Members

\$70/Community Members

LOCATION: Gymnastics Studio



CHASCO Family YMCA PRESCHOOL GYMNASTICS

Session 4- 2019

Registration Dates

Member Registration begins:
05/06/2019
Non-Member Registration
begins: 05/06/2019

Session Dates

June 3rd-July 9th

Session 5-2019

Registration Dates

Member Registration begins:
05/06/2019
Non-Member Registration
begins: 05/06/2019

Session Dates

July 16th-Aug 20th

Check Desired Class Time & Day:

6 wk. - Tiny Tot	Mon	3:30pm	_____
6 wk. Flippin for Fun	Tues	3:30pm	_____
6 wk- Developmental	Thurs	3:30 pm	_____

PARTICIPANTS INFORMATION

PARTICIPANTS NAME _____ SEX (M /F) _____ AGE _____ DOB _____ / _____ / _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN NAME _____ HM PHONE _____ ALT PHONE _____

EMAIL _____

EMERGENCY CONTACT & RELATIONSHIP _____ PHONE # _____

MEDICAL CONDITION, ETC. _____

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.

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: (19G) Staff Initials: _____ Amount Paid: \$ _____