



Wayne County YMCA FALL 2018 Gymnastics Information Sheet Pre K & Beginner

Session I: September 11th- October 16th
Session II: October 30th- December 4th

Preschool Gym & Play: 3-5 Years old Tuesday 4:00-4:45 PM
Cost/Class: \$5.00 Cost/Session: Y Member-\$25.00 Non Member-\$30.00

Beginner Gymnastics: New & Returning Students Tuesday 5:00-6:00 PM
Cost/Session: Y Member-\$32.00 Non-Member-\$41.00

Financial Assistance: Available through an application process
Free: Program is free to those on a yearly Family Membership

Classes focus on development of muscle strength, balance, coordination, flexibility, listening skills and self-esteem.

Preschool Gymnastics: Basic tumbling progressions are taught along with apparatus activities based on each child's readiness. Strength, flexibility, & agility are increased as our teachers continue to encourage new gymnastic skills.

Beginner Gymnastics: Classes give a full workout while improving flexibility, coordination, balance, strength, self-esteem and gymnastics skills. Focus is on good form and skill development.

Basic Information

1. Pre-registration is required for all. Classes are limited to the number of participants we can accommodate. Payment is due upon registration unless other arrangements have been made.
2. Comfortable clothing and bare feet are recommended. Hair should be tied back and all jewelry removed for safety reasons.
3. If there is severe weather in the area, or the possibility of severe weather, the Y may decide to cancel classes. We will attempt to call participants for cancellations, however, call 570-253-2083 if you are uncertain. Cancellations will be announced on facebook. If Wayne Highlands School District closes for the day or dismisses early, the program will be cancelled. Credit slips will be issued for classes missed for these purposes only.
4. Visit us on our website at www.wcymca.com, Like us on Facebook, and join the Wayne County YMCA Youth Programs Remind group for news & updates!



WAYNE COUNTY YMCA
105 Park Street
Honesdale, PA 18431
(570) 253-2083
www.wcymca.com

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WAYNE COUNTY YMCA

GYMNASTICS REGISTRATION FORM FALL 2018



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- Beginner Gymnastics:** Tuesday 5:00 PM-6:00 PM

Name: _____ Gender: _____ DOB ___/___/___ Age: _____ Grade: _____ Member: _____

Address: _____ Email: _____

Parent/Guardian's Name: _____ Employer: _____

Cell #: _____ Home#: _____ Work#: _____

Health Concerns: _____

Emergency Contact (If parents can't be reached):

Name: _____ Relationship: _____ Phone# _____

Agreement

1. I certify that the participant named above is in normal health and capable of safe participation in this YMCA Gymnastics Program. The participant and/or parent agree to assume the risk of death or personal injury in this program and in whatever location or time it is held. The participant also acknowledges the extreme risk and danger inherent in the activity which includes; but is not limited to, the following: Injuries resulting from running, jumping, tripping, tumbling and all other activities and forms of motion associated with Gymnastics.

2. I assume all risk(s) and hazard(s) incidental to the conduct of this program and release, discharge and covenant not to sue the YMCA or the instructors forever from liability for any and all loss or damage, personal injury, property damage or wrongful death whether caused by any negligence, either active or passive of the Y and the instructors, or otherwise.

3. **Medical Treatment Policy:** I agree that in the event of an emergency in which a parent, guardian, or emergency contact cannot be reached, that Emergency Medical Staff and the YMCA may take appropriate action to best serve the interest of my child. I understand in the case of an emergency situation, when medical attention is necessary, that the participant's parents or guardians will be responsible for any medical cost.

4. I agree to indemnify and hold the Y and instructors harmless from any damages or costs arising out of the participant's (child or myself) injury.

5. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership. I agree to conduct myself with these principles in mind at all times and will not disrupt this or any other Y program or activity.

6. I give permission to the YMCA to use the photograph or likeness of my child for the purpose of educational or promotional matter. Yes, or No

7. I am willing to participate as a coach or an assistant in this program. Yes, or No

8. I would like to make a gift to help a child play Y Sports. I am adding \$ _____ to registration for the YMCA Strong Kids Scholarship Fund.

Parent/Guardian's Signature: _____ Date: _____

For Office Use Only:

Paid: \$ _____ Payment Method: _____ Date: _____ Receipt #: _____ Staff: _____