



SUMMERVILLE FAMILY YMCA GYMNASTICS

Fall I: September 17 to November 10

	Monday	Tuesday	Wednesday	Thursday	Saturday
PRE-SCHOOL Ages 3 to 4	1:00-1:45PM ^A	3:30-4:15PM ^B	1:00-1:45PM ^A	3:30-4:15PM ^B	9:00-9:45AM
	4:30-5:15PM				11:00-11:45AM ^C
	5:30-6:15PM				
	6:30-7:15PM ^C				
\$60 Member/ \$120 Non Member 1 x Week \$88 Member/ \$176 Non Member 2x Week					
BEGINNER Ages 5 to 8	3:30-4:30PM ^D		3:30-4:30PM ^D		9:00-10:00AM
	4:30-5:30PM ^E		4:30-5:30PM ^E		11:00-12:00PM ^F
	6:30-7:30PM ^F		6:30-7:30PM ^F		
\$64 Member/ \$128 Non Member 1 x Week \$96 Member/ \$192 Non Member 2x Week					
TWEENS Ages 9 to 12	5:30-6:30PM ^G		5:30-6:30PM ^G		12:00-1:00PM ^H
			6:30-7:30PM ^H		
\$64 Member/ \$128 Non Member 1 x Week \$96 Member/ \$192 Non Member 2x Week					
BOYS	4:00-5:30PM 6&UP		4:00-5:30PM 6&UP		9:00-10:00AM AGES 3-5
	6:00-7:30PM ^I 6&UP		6:00-7:30PM ^I 6&UP		
\$90 Member/ \$140 Non Member 1 x Week \$180 Member/ \$280 Non Member 2x Week					
TUMBLE BUGS Ages Walking to 3	10-10:45AM				
\$50 Member/ \$100 Non Member 1 x Week					
TUMBLING Recommendation Required					10:00-11:00AM
\$64 Member/ \$128 Non Member 1 x Week					

OPTION 1: CHOOSE ONE TIME

All classes are one time a week options.

OPTION 2: CHOOSE TWO TIMES

You can choose two time slots. The time slots are matched based on the letter. (i.e. Match A's with A's, B's with B's, etc.). Please note for the F option you can choose two of the three time slots available.

Contact

Caitlin Eissler, Gymnastics Director
 CaitlinE@summervilleyymca.org
 843.821.2727

GYMNASTICS PARTICIPANT INFORMATION

SESSION: _____

Child's Name _____ Date of Birth _____

Phone Number _____ Email _____

Mailing Address _____

City/State _____ Zip _____

Medications child is taking _____

Medical/Physical Limitations _____

Allergies, if any _____

Parent/Guardian Contact _____ Phone Number _____

Alternate Emergency Contact (Name/ Phone Number) _____

Waiver/Release of Liability

I, _____ (D.O.B. _____) the parent or guardian of the above mentioned, hereby give approval for his/her participation in any any/all camps, sport and activities.

I understand that the Summerville Family YMCA assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I hereby release and discharge the Summerville SC YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from the above referenced child(s) participation in these activities.

I further understand that the Summerville Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on the YMCA premises.

I give my permission to the Summerville Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me (or my dependent's) image or voice for purposes of promoting or interpreting YMCA programs.

I also grant permission to the Summerville Family YMCA to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above referenced child become ill or injured while participating in YMCA activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Parent /Guardian Name – please print _____

Parent /Guardian Name – signature _____

Date _____