



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Gymnastics

	Parent/Tot	Preschool Scooters	Flip, Wiggle & Roll	Beginner	Intermediate	Pre Team	Team level 2, 3 and Xcel
Cost	\$21 P Plus \$30 Program \$60 Others	\$21 P Plus \$30 Program \$60 Others	\$42 P Plus \$60 Program \$120 Others	\$52.50 P Plus \$75 Program \$150 Others	\$52.50 P Plus \$75 Program \$150 Others	\$52.50 P Plus \$75 Program \$150 Others	<u>Level 2</u> \$73.50 P Plus \$105 Program <u>Level 3 & Xcel</u> \$80.00 PPlus \$113.75 Program
Practice Days and Times	Wed or Fri 10:45am-11:20am	Wed or Fri 11:40am-12:25pm	Tue & Thurs 4:00-4:45pm	Tue & Thurs 4:45-5:45pm	Tue & Thurs 5:45-6:45pm	Tue & Thurs 6:45-7:45pm	<u>Level 2</u> Tue & Thurs 5:30-7:30pm <u>Level 3 & Xcel</u> Mon & Wed 5:30-7:45pm

Please Print (Bold Sections are required):

Child's Last Name: _____ Child's First Name: _____

Male/Female: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____

Parent's Name: _____ Phone: _____

Special Requests: _____ Email Address: _____

YMCA Member status of child participating: Primary Plus _____ Program _____ Non-Member _____

How did you hear about this program?:

Newspaper _____ Facebook _____ Marquee _____ Y Newsletter _____ Monitor _____ Told by someone _____

Please read and sign below:

Photographs – We sometimes photograph Y activities for promotional and historical purposes. If you object to having your or your child's picture taken or used, please inform the photographer at the time the photos are taken.

Hold Harmless Clause – In consideration of participation in the activities of the Young Men's Christian Association, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees, members and do hereby for the applicant, their heirs, executors, and administrators, waive, release and forever discharge and all rights and claims for damages which the applicant may have or which may hereafter accrue to the applicant arising out of or connect with an applicant's participation in any of the activities of the YMCA.

In the event that my child needs immediate medical attention while participating in a Portage Township YMCA program and I cannot be reached, I give consent for emergency medical treatment to be administered in the Emergency Room of any hospital, by my child's physician, the attending Emergency Room Physician, and/or my child's dentist.

Parent/Guardian Signature

Date