



# SUMMERVILLE FAMILY YMCA

## GYMNASTICS

2022

8-Week Rec Session

SCHEDULE

Winter 2022: January 3-February 26    Fall 2022: August 8-October 1

Spring 2022: March 7-May 14

Winter II 2022: October 10-December 10

\*\*Summer 2022 will have a separate schedule

		Monday	Tuesday	Wednesday	Thursday	Saturday	Fee
PRESCHOOL Ages 3-4	1-Day Option (Circle One)	1:00pm	1:00pm	1:00pm	1:00pm	8:30am	\$85 Member
		4:30pm	4:30 pm		4:30pm	10:40am	\$170 Non-Member
		5:35pm					
		6:40pm					
	2-Day Option A	1:00pm		1:00pm			\$125 Member
	2-Day Option B	6:40pm				10:40am	\$250 Non-Member
2-Day Option C		4:30pm		4:30pm			
BEGINNER Ages 5-8	1-Day Option (Circle One)	4:30pm	4:30pm	4:30pm	4:30pm	8:30am	\$85 Member
		5:35pm		5:35pm		9:35am	\$170 Non-Member
		6:40pm		6:40pm		10:40am	
						11:45am	
	2-Day Option A	4:30pm		4:30pm			\$125 Member
	2-Day Option B	5:35pm		5:35pm			\$250 Non-Member
	2-Day Option C	6:40pm		6:40pm			
	2-Day Option D	6:40pm				10:40am	
2-Day Option E			6:40pm		10:40am		
2-Day Option F		4:30pm		4:30pm			
TWEEN Ages 9-12	1-Day Option (Circle One)	4:30pm		4:30pm		9:35am	\$85 Member
		5:35pm		5:35pm		10:40am	
	6:40pm		6:40pm		11:45am	\$170 Non-Member	
	2-Day Option A	5:35pm		5:35pm			\$125 Member
2-Day Option B			6:40pm		11:45am	\$250 Non-Member	
TUMBLING Ages 7+	1-Day Option (Circle One)					9:35am	\$85 Member
						11:45am	\$170 Non-Member



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## 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.

Refunds are subject to a \$15 Admin fee. No Refunds will be given once program has begun. **All YMCA programs have a late fee policy of a \$2/minute charge for every minute a child is not picked up after their set dismissal time. These fees will be automatically added to your YMCA account for late pickups that have not been communicated/previously cleared with our staff.**

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 dependents) 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 \_\_\_\_\_