

# GYMNASTICS & TUMBLING

## WINTER & SPRING 2019

**Gymnastic & Tumbling sessions are all set! Join Coach Danny Irish as we flip into another year of fun!**

**Classes will help to improve coordination, range of motion, and balance. Best of all, we have fun!**

**Each session meets for four weeks on Fridays at Clara Peterson. Register for 2 or more sessions at the same time and receive \$10 off your payment. Discount will only be given if paying for multiple sessions at the same time. Each session is comprised of three different age appropriate classes.**

<u>SESSION A</u> <i>register by 1/7</i>	<u>SESSION B</u> <i>register by 2/4</i>	<u>SESSION C</u> <i>register by 3/18</i>	<u>SESSION D</u> <i>register by 4/22</i>
January 11 January 18 January 25 February 1	February 8 February 22 March 1 March 8	March 22 March 29 April 5 April 12	April 26 May 3 May 10 May 17
Beginner I * 3:30-4:00 Beginner II * 4:00-4:30 Pre-K * 4:30-5:00	<i>note: no class 2/15</i> Beginner I * 3:30-4:00 Beginner II * 4:00-4:30 Pre-K * 4:30-5:00	<i>note: no class 3/15</i> Beginner I * 3:30-4:00 Beginner II * 4:00-4:30 Pre-K * 4:30-5:00	<i>note: no class 4/19</i> Beginner I * 3:30-4:00 Beginner II * 4:00-4:30 Pre-K * 4:30-5:00

**Beginner I (\$55 / \$50 with Paxton resident discount)** is designed for kids ages 6 & up with little to no gymnastics/tumbling experience. **Beginner II (\$55 / \$50 with Paxton resident discount)** is designed for kids ages 6 & up who have advanced out of Beginner I or are old enough to learn quickly. The **Pre-K (\$45 / \$40 with Paxton resident discount)** class is for children ages 3-5.

### Registration

\_\_\_\_\_  
Gymnast Name & Age

\_\_\_\_\_  
Parent(s)/Guardian(s) Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

Level (indicate Beginner I, Beginner II, or Pre-K): \_\_\_\_\_

Session\* (indicate individual or multiple sessions): \_\_\_\_\_

\*Registering for 2 or more sessions at the same time will entitle you to \$10 off. Discount is not offered to siblings registering for the same class. Discount is only applied when signing up for more than 1 session at the same time. Example: A \$10 discount should be applied if signing up for Session A and Session B prior to the deadline of Session A registration. No discount will be applied if signing up for Session A and waiting until Session B deadline to register individually for Session B.

**REGISTRATION DEADLINE** – Deadline to register for a given session is the Monday prior to the first class of the session. Make checks payable to the Paxton Park District and return to the Park District office.

*Please complete waiver on back of registration form*

**Paxton Park District**

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

**WAIVER AND RELEASE OF ALL CLAIMS FROM PAXTON PARK DISTRICT**

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

**ACTIVITY/PROGRAM/LEAGUE:                      GYMNASTICS/TUMBLING Winter/Spring 2019**

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

As a parent/guardian of a participant in the program, I have read and understood the Paxton Park District "Parent Code of Conduct" form and agree to its principles and expectations.

Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

Emer. Contact Phone if not listed on registration \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_