

South County Family YMCA Venice Branch

2009-2010 Gymnastics Class Registration Form

Participant's Name _____ Birthdate _____ Age _____

School _____ Grade _____

Address _____ City/State _____ Zip _____

Home Phone # _____ e-mail address _____

Father's Name _____ Cell Phone # _____ Work Phone # _____

Mother's Name _____ Cell Phone # _____ Work Phone # _____

Physical or mental limitations of participants _____

Emergency Contacts: Name _____ Phone # _____

Name _____ Phone # _____

Release/Authorization for Medical Treatment:

I accept all risk incidental to YMCA activities and do hereby release the YMCA, its officers and instructors from all liability. I understand that I am responsible for carrying my own primary accident insurance. If my child should become ill or injured at a YMCA program, I understand that the facility will try to contact me immediately and contact the persons I have designated if I cannot be reached. Should the facility be unable to reach me or the designated persons, I give my permission for the YMCA to arrange for immediate emergency treatment. The medical facility is authorized to administer emergency medical treatment necessary to insure the safety of my child.

Parent's Signature _____ Date _____

Gymnastics

Class Description	Day/Time	Class Code	12 - week sessions			Session fees (Mbr/Non)
			Fall Session 09FAL- 8/31-11/23	Winter Session 09WTR- 11/30-3/6	Spring Session 10SPR- 3/8-5/29	
Parent & Tot	Tues 11:15 (18 mos. - 3 yrs)	-1GMTOT3				102 / 153
	Fri 10:15 (18 mos - 3 yrs)	-1GMTOT1				102 / 153
	Sat 9:15 (18 mos - 3 yrs)	-1GMTOT2				102 / 153
Pre-Gym	Mon 6:15 (3 - 5 yrs)	-1GMPRE1				102 / 153
	Tues 10:15 (3 - 5 yrs)	-1GMPRE3				102 / 153
	Thurs 5:15 (3 - 5 yrs)	-1GMPRE4				102 / 153
	Fri 9:15 (3 - 5 yrs)	-1GMPRE5				102 / 153
	Sat 10:15 (3 - 5 yrs)	-1GMPRE7				102 / 153
Kindergym	Mon 5:00	-1GMKNDR1				120 / 180
	Thurs 6:00	-1GMKNDR2				120 / 180
Instructional	Mon 5:00 (1st - 3rd)	-1GMINST1				120 / 180
	Tues 6:30 (4th - 8th)	-1GMINST2				120 / 180
	Wed 6:30 (1st - 3rd)	-1GMINST3				120 / 180
	Thurs 5:00 (1st - 3rd)	-1GMINST4				120 / 180
Progressive	Mon/Thurs 4:00 (1st - 8th)	-1GMPROG1				180 / 270
	Mon/Thurs 6:00 (1st - 8th)	-1GMPROG2				180 / 270
Let's Cheer & Tumble	Wed 6:30 (1st - 5th)	-1GMCHEER1				120 / 180
Teen Tumble	Thurs 7:00 (6th - 12th)	-1GMTEEN1				142 / 213

Dance

Class Description	Day/Time	12 - week sessions			Session fees (Mbr/Non)
		Class Code	Fall Session 09FAL- 8/31-11/23	Winter Session 09WTR- 11/30-3/6	
Pre-Dance	Monday 5:40 (3 - 5 yrs)	-1DAPRE1			66/ 99
Pre-Dance	Tuesday 9:35 (3 - 5 yrs)	-1DAPRE3			66/ 99
Pre-Dance	Wednesday 5:10 (3 - 5 yrs)	-1DAPRE4			66/ 99
Pre-Tap	Wednesday 5:45 (3-5 yrs)	-1DAPRE3			66/ 99
Kinderdance	Thursday 4:05	-1DAKNDR2			86/ 129
Ballet	Monday 4:50 (1 st - 5 th)	-1DABAL1			86/ 129
Tap & Jazz I	Monday 4:00 (1 st - 5 th)	-1DAYOUTH1			86/ 129
Tap & Jazz I	Wednesday 6:20 (1 st - 5 th)	-1DAYOUTH2			86/ 129
Tap & Jazz II	Monday 4:00 (1 st - 5 th)	-1DAYOUTH3			86/ 129
Tap & Ballet	Monday 6:15 (3 rd - 8 th)	-1DABAL2			86/ 129
Hip Hop	Thursday 5:05 (1 st - 5 th)	-1DAHIP2			86/ 129

Transportation

Please check one that applies:

BUS RIDE	<input type="checkbox"/> Student Leadership	<input type="checkbox"/> Venice Elem.	<input type="checkbox"/> Taylor Ranch	<input type="checkbox"/> Garden Elem	<input type="checkbox"/> Venice Middle	\$15 per 12 wk session - TRANS 358
BUS RIDE	<input type="checkbox"/> Laurel Nokomis	<input type="checkbox"/> Island Village	1 day/week=\$24; 2 days/week = \$48; 3+ days/week = \$72			TRANS 357

I give permission for my child to be transported by the Venice YMCA staff. I understand the Venice YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry medical insurance for my child and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. **It is pertinent that I report any absenteeism to the gymnastics department.**

Signature

Date

For office use only:

Program participant Id# _____ Member _____ Non-Member _____

Paid \$ _____ (attach voided check for monthly bankdraft) Receipt # _____ Staff Initials _____