



We build strong kids,
strong families,
strong communities.

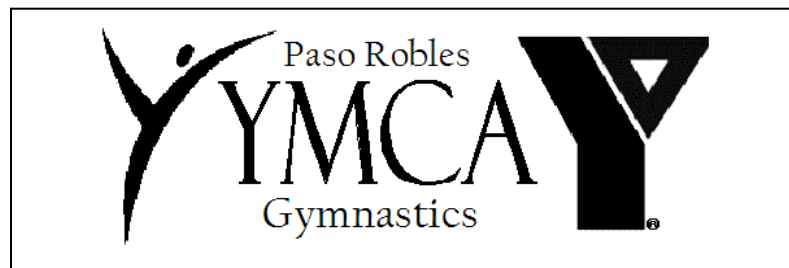


San Luis Obispo County YMCA

2010

Location

Centennial Park / Gymnastics
600 Nickerson Dr.
Paso Robles, Ca. 93446
(805) 237-0845



www.sloymca.org

North County, Paso Robles Centennial Park

YMCA Gymnastics facility at Centennial Park

Kinder Gym: 3-5 years old

A structured class introducing basic gymnastic skills on bars, balance beam, vault, and floor exercise; along with spring boards, mini trampoline, and rope. Children also develop motor skills using bean bags, hoops, balls, and moving to music.

Fire Crackers

This class is for children from 4-6 years old. (Coaches invitation) This class is geared for the kinder gymnasts who are ready to take it to a higher level!

Intro to Gym: 5 years and older

This class is designed for the first- time gymnast, both boys and girls. Children learn basic gymnastic skills in a highly- structured environment. This class uses floor, bars, beams, Vault and tumble track courses.

Beginning Gym: 5 years and older

This class is a beginning course taught on floor, bars, beams, vault and tumble track. The gymnast will learn basic routines on all equipment. This class stresses form, strength, flexibility, and gymnastics safety. This class is open to both boys and girls.

Beg Free Run: 8 years and older

This sport is new and exciting! It is a cross between snowboarding, Skateboarding and Gymnastics but requires no equipment. This class will teach you how to use the environment around you to create acrobatic tricks. This sport normally takes place in the outside environment; but by utilizing the Gym you can perfect your tricks in a more padded environment.

Advanced Free Running

Let's kick it up a notch! Using the new skills that you have learned in beginning free run class, you will now apply the basics to start becoming more creative by adding your own personal style and talent to make it your own.

Open Gym

Every Saturday we staff the Gym to allow Gymnast to work on skills of their choice. Staff is on hand to ensure safety and to help spot when needed. All Ages are welcome children under 8 must have a parent on site.


San Luis Obispo County YMCA

Paso Robles Gymnastics Program

(Instructions: Please follow the steps down below. Please complete a separate form for each child.)

Child/Parent Information									
Child's Last Name _____			First Name _____				MI _____		
Parent/Guardian Last Name _____			First Name _____						
Home Address _____					City _____		State _____		Zip _____
Relationship to Child _____					Email _____				
Home Phone # _____					Other Phone # _____				
Sex:	M	F	Birth date ____/____/____		Age _____	School _____		Grade _____	

2009-2010 YMCA Gymnastics Fee Schedule

Session II: January- May 2010

Schedule & Pricing

Kinder Gym 1 hour classes:

Intro to Gym, Beginning Gym, Beginning Free Run 1 hour classes:

Advanced Gymnastics & Free Run 2 hour classes:

Open Gym Saturdays 2 hour sessions: Pay as you go \$5.00 per session

1. Please place an (X) in the box the class your child will be attending.
2. Circle the amount of classes your child will be attending.

	Monday	Tuesday	Wed.	Thurs.	Friday	1 class	2 classes	3 classes	4 classes
Kinder Gym	4-5:00		3:00-4:00		4:00-5:00	45.00	65.00	80.00	
Firecrackers			2:00-3:00			45.00			
Intro Gym			4:00-5:00			50.00			
Beg. Gym	5:00-6:00		5:00-6:00		5:00-6:00	50.00	75.00	90.00	
Beg. Free Run		5:00-6:00		5:00-6:00		45.00	75.00		
Advanced Free Run	5:30-7:30	5:30-7:30	5:30-7:30	5:30-7:30	5:30-7:30	60.00	90.00	100.00	120.00
Advanced Gymnastics		5:30-7:30	5:30-7:30		5:30-7:30	60.00	90.00	100.00	

Monthly Tuition Fee _____

Date _____ Yearly Membership fee \$20.00 _____

Date _____ Registration fee \$ 10.00 _____

Amount Due \$ _____

FOR OFFICE USE ONLY

Date received _____

Received By _____

Date recorded _____

Copied _____

Financial Assistance Available
To those who qualify. Takes up to
10 business days to process.

Gymnastics 2009/2010 Emergency Contact Information

Child's Last Name _____ **First Name** _____ **MI** _____
Home Address _____ City _____ State _____ Zip _____
Birth date _____ / _____ / _____ Grade _____ Age _____ Sex M F School _____

Parent/Guardian Last Name _____ **First Name** _____
Address _____ City _____ State _____ Zip _____
Relationship to Child _____ Email Address _____
Phone# _____ **Business Phone#** _____

Second Parent/Guardian Last Name _____ **First Name** _____
Address _____ City _____ State _____ Zip _____
Relationship to Child _____ Email Address _____
Phone# _____ **Business Phone#** _____

EMERGENCY CONTACTS (People that are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)		
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Do you carry family medical/hospital insurance? Yes No Carrier _____ Group # _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Has your child had the necessary vaccinations required by school? Yes No

Has your child had any of the following? If so, please explain. (If more space is needed please attach a separate page).

Operations or serious injuries? _____

Chronic or recurring illness? _____

Allergies or dietary restrictions? _____

Is your child taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
List medication(s) and dosage. _____
Provide a brief description of your child's condition(s). _____

Status of child's vision, hearing, and speech? _____

Any specific activities to avoid? Yes No If so, what and why _____

Are there any behaviors/concerns that YMCA staff should be aware of? _____

Does your child have a communicable disease or condition, which may prove to be a risk to others? Yes No
If yes, please comment _____

Other significant information about your child that would be helpful to know? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program, I give my permission for YMCA staff members to administer necessary medical treatment. YMCA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred _____ City _____

I hereby give consent to the San Luis Obispo County YMCA and its designated leaders to transport my child (named above) by means of walking, public transportation, private bus companies, and YMCA vehicles on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child. I give permission for YMCA staff to apply sunscreen and bug repellent (please check boxes) as needed for my child.

_____ (Signature of Parent or Guardian)	_____ (Print Name of Parent or Guardian)	_____ (Date)
--------------------------------------------	---------------------------------------------	-----------------



Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any sports activity or off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused in whole or in part by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

For valuable consideration, I hereby give the San Luis Obispo County YMCA it's successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever.

I have read this release and agree to these terms.

Print Name

x _____
Signature of Applicant

Date

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at the time of registration):
THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

x _____
Parent/Guardian **Signature**

Date

Emergency Phone

Minor's Name

Date of Birth



Financial Agreement/Parent Statement of Understanding

The following information is important for your understanding of our Gymnastic Program policies. If you are unclear on any of these policies, please ask your site director or the YMCA Program Enrollment Team so that we can clarify any concerns that you might have. Your initials and signature below indicates that you have read and understood the following.

Please read and initial:

I understand that I am responsible for submitting my Gymnastics tuition payments on time. **Tuition is due the 28th of each month for the following month.** If my payment is not been received on time, I will be charged a \$15 late fee. Further, I understand that if payment is not received by the 1st day of the class we, my child may be ineligible to participate. _____

I understand that if my check or credit card payment is returned unpaid, I will be charged a **\$30.00 NSF fee** and my child will not be able to attend class until my account has a zero balance. _____

I understand that class fees are non-refundable and non-transferable after class start date. **Make up classes are to be scheduled with your coach within the same month or the following week. NO EXCEPTIONS** _____

I understand that I must pick up my child by close of program on time or I will be charged a late fee. I will be billed \$1.00/minute for every minute after the end of my class _____

I understand that I may **not** drop-off or pick up my child without making contact with YMCA staff. _____

I understand If I send someone other then myself or family to pick up my child they must be named on the authorized to pick up list on my child's registration form and be prepared to show identification, or I must provide a written note giving permission and stating the person name who will be picking up. _____

I understand that I must sign my child **IN** and **OUT** daily. _____

I understand that I will still be billed for the full balance of the fees unless I notify the **Program Enrollment administrator by email mmafnas@sloyymca.org or phone 237-0845 by two weeks prior to the start of the class. Notifying my child's coach or other YMCA staff does not relieve me of my responsibility.**

For general Gymnastic questions please contact: North County Regional Director- Shelly Dargatz 237-0845 or by e-mail at sdargatz@sloyymca.org

Gymnastics Director: Orion Dow at 237-6543 calls returned after 3:00 weekdays

You may contact the YMCA Program Enrollment administrator Mandy Mafnas to answer any of your billing questions at: (805) 237-0845 or mmafnas@sloyymca.org

I have read, understand, and agree to the above-mentioned policies. _____

Parent/Guardian Print name

Childs Name

x _____
Parent/Guardian **Signature**

Date

Centennial Park Gymnastics
Program Site Location

 San Luis Obispo County YMCA 
Gymnastics PARENT CHECK LIST 2009/2010

Dear Parents;

We are looking forward to a very safe, fun-filled Gymnastics experience for your child (ren). It is necessary that you read and agree to all the items listed below so that you and your child (ren) have the best possible experience at our YMCA Gymnastics Program. Please read and INITIAL each of these with your child (ren).

Thank you.

YMCA Gymnastics Staff

1. Please have them wear the appropriate Gym attire avoid zippers and buttons. _____
2. Girls should have their hair pulled back(two braids work nice so that hair ties don't hurt their head)_____
3. Please leave all electronic equipment (gameboys, iPods, and computers and other valuable items such as watches or jewelry etc.) at home. These items are also not allowed at the Gym. The YMCA is not responsible for items that are lost, damaged or stolen. _____
4. The YMCA will NOT tolerate any violent behavior, and will handle each situation with positive discipline. _____
5. You will be required to sign your child(ren) IN and OUT before& after class. _____
6. In the event that you are late picking up your child(ren), YMCA staff will make every attempt to contact parents/guardians and persons listed as Emergency Contacts in this enrollment packet. If YMCA Staff are unable to make contact 30 minutes after class, the local Police Dept. will be called. _____
7. Please keep your children off all equipment until the coach begins class _____
8. Siblings are welcome to watch but they must stay off the Gymnastics equipment for safety purposes _____
9. I (we) have read the Parent Handbook and this Parent Check List with our child(ren) and agree to follow these important polices. _____

(Parent/Guardian Print Name)

(Print Child's Name)

X

(Parent/Guardian **Signature**)

(Date)