



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Gymnastics

Date: Team Starts September 6th

Classes Start September 12th & 14th

Location: South Peru Gymnasium
19 Park Drive
Peru, IN 46970

Classes offered:

Beginning Gymnastics

Intermediate Gymnastics

Advanced/Pre-team Gymnastics

Team Gymnastics

- Coaches Approval Required for Participation
- **Price Does Not** include meet, leotard and warm up fees

Tumble Gym



Class Price
\$40 Members
\$60 Non-members

Team Price
\$75/Month Members
ONLY

For more information contact:
Samantha McCullough
Associate Sports Director
765-472-1979 ext. 719
smccullough@mcymca.org



For more information:
www.mcymca.org
765-472-1979



PROGRAM REGISTRATION FORM

MIAMI COUNTY YMCA

751 WEST SECOND St., Peru IN 46970 (765) 472-1979

Program Name: _____ Enrollment Date: ___/___/___

Name: _____ Gender: F M Birth date: ___/___/___

Last First Age: _____

Contact Phone: (____) ____ - _____ **Contact e-mail:** _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Work or Cell: () _____ - _____ Textable? Y N

Emergency Contact: _____ Phone: _____

WAIVER OF LIABILITY AND DISCLAIMER

To induce the Miami County YMCA to accept registration and permit participation in the YMCA program by the named individual, I hereby agree to release, indemnify, and hold harmless the Miami County YMCA, its officials, coaches, and representatives from any claim arising out of injury, property damage, disability, death, sickness, or disease incurred by the named individual. We also hold harmless the Miami County YMCA, its officials, coaches, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

1. I hereby certify that the named individual is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the named individual in the event that the emergency contact (or parent if applicable) cannot be reached.

2. I support YMCA philosophy and core values, which are caring, respect, honesty and responsibility.

Parent or Guardian Signature: _____

OFFICE USE:

Date: _____ Amount Paid: _____ Receipt #: _____

Tumble Gym

Monday 6-7pm or Tuesday 6-7pm

Beginning Gymnastics

Monday 4-5pm or Monday 5-6pm or Wednesday 5-6pm

Intermediate Gymnastics

Monday 4-5pm or Monday 5-6pm or Wednesday 5-6pm

Advanced/Pre-team Gymnastics

Wednesday 6-7pm

Team Gymnastics

Tuesday, Wednesday, Thursday 4-6pm