

PL GYMNASTICS

HIGH SCHOOL SUMMER '18 REGISTRATION

JUNE 11-JULY 26 (except for the week of the Fourth of July)

*Classes are held at Twin Oaks Middle School (Blue Gym)

SESSION	DAYS	TIMES	COST
1	Mondays (6 days)	9:00-Noon	\$150
2	Tuesdays (6 days)	9:00-Noon	\$150
3	Thursdays (6 days)	9:00-Noon	\$150

*Please add the sessions attending for total cost.

*If choosing 2 days a week, there is a 10% discount for a total cost of \$270.

*If choosing 3 days a week, there is a 20% discount for a total cost of \$360.

Questions? Call Barbie at: 952-452-4478

OR

e-mail at: bkass@priorlake-savage.k12.mn.us

REGISTRATION:

To register: call, e-mail, or mail form to:

PL Gymnastics at PLHS 7575 150th St W Savage, MN 55378

Gymnast Name _____ Age _____ Grade _____

Days Attending _____ Total Due _____

Parent/Guardian _____ Phone _____

E-mail address _____

PL Gymnastics Registration Form

Please mail completed registration form to: PL Gymnastics, LLC 7575 150th W Savage, MN 55378

Gymnast name _____ Age _____ Grade _____

Level _____ Day(s) attending _____ Time _____

Parent/Guardian _____ Home phone _____ Cell/Work phone _____

2nd Parent/Guardian _____ Home phone _____ Cell/Work phone _____

Address _____ City _____ Zip _____

E-mail address _____

Emergency contact _____ Home phone _____ Cell/Work phone _____

Medical conditions/allergies _____

Health insurance company _____ Policy # _____

Hospital preference _____ Primary Doctor _____ Phone _____

Release: In consideration of PL Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves greater than normal risks of injury, I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, or meets.
I/We understand that gymnastics is a unique activity involving motion, rotation, and height, and as such carries with it the risk of injury. **Warning!** Catastrophic injury, paralysis or even death can result from improper conduct of gymnastics activities.
I give permission to PL Gymnastics and/or the appropriate medical facility to take whatever emergency (i.e. first aid, etc.) measures are judged necessary for the care and protection of my child while under the supervision of the PL Gymnastics staff.
In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad, etc.) deem it necessary. The child will be transported at my expense.
It is also understood that in some medical situations the coaching staff will need to contact the local emergency resources before the parent/guardian, child's physician, and/or other adult acting on the parent's behalf.
I am aware of concussion symptoms including: headache, nausea or vomiting, balance problems or dizziness, sensitivity to light or noise, confusion, concentration or memory problems, or feeling sluggish. If I suspect my child has a concussion I will take them to a medical doctor and they must be cleared before any further participation. I will notify PL Gymnastics if my child has or has had a concussion.
Further, I hereby release and agree to hold harmless and indemnify PL Gymnastics, its employees and volunteers from any claims, losses, or expenses incurred by or on behalf of me, my child, or my child's family.

Parent/Guardian's Signature _____ Date _____