Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_  
Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tumble Tots**2.5 to 4 years old

Our Tumble Tots class is designed to teach the basic skills on the balance beam, bars, vault, and floor exercises. This 45-minute class will focus on developing social, locomotor, and gross motor development skills.

* **Tuesday – 4:00 p.m.**

YMCA Member Rate $40.00  
Non-Member Rate $65.00

**Beginners**  
5 to 9 years old

Our Beginner’s class will focus on the 4 Olympic events and will give participants an opportunity to improve strength, flexibility, confidence, and self-esteem. This 50-minute class is designed for children with zero or limited gymnastics experience.

* **Mon & Wed – 3:00 p.m.**
* **Mon & Wed – 4:00 p.m.**
* **Mon & Wed – 5:00 p.m.**

YMCA Member Rate $70.00  
Non-Member Rate $95.00

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Does your child have any allergies or medical conditions that we need to be aware of? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_People **authorized** to pick my child up from the YMCA program other than parents:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_  
People **NOT authorized** to pick my child up from the YMCA program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Choose Your Class**Program Runs May 13th – June 19th, 2024

**Payment Method:  
If we have a payment method on file, please sign below to authorize draft for this program. If alternative arrangements are needed, please see YMCA leadership staff.**

**Checking Account Draft:  
Account Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit/Debit Card Draft:  
Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_**

**I authorize the Newberry YMCA to draft my payment method for fees associated with my child’s/children’s participation in the programming:  
  
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby grant permission for my child to be transported by the YMCA for activities to, but not limited to swimming and field trips. I understand that every effort will be made to contact me or my emergency contact. If I, or someone on the emergency form cannot be reached, I give the YMCA permission to secure the medical treatment necessary for my child, including hospitalization, injection, anesthesia, or surgery. I understand in emergencies requiring immediate medical attention, my child will be taken to the nearest hospital emergency room. My signature authorizes the responsible person at the Newberry YMCA to have my child transported to the hospital. I understand that the Newberry County YMCA assumes no responsibility for injuries or illnesses which my child or I may sustain as a result of my participation in any athletic activities, sports programs, and the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Newberry County YMCA, it’s agents, servants and employees from any and all claims of for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the Newberry County YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the Newbery YMCA to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include myself or my heirs image or voice for purpose or interpreting YMCA programs. **By signing below, I hereby acknowledge the waiver set forth above.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_