

High School Summer Gymnastics Registration

DATE OPTIONS:

JUNE 7, 8, 9, 14, 15, 16, 21, 22, 23, 28, 29, 30
JULY 12, 13, 14, 19, 20, 21, 26, 27, 28

CLASS TIMES:

TUES., WED., THURS. 9:00 AM - 12:30 PM

FEE Options:

21 Classes for \$190

17 Classes for \$155

INSTRUCTOR: Coach Abby Schneekloth

Registration forms found at the high school front desk or jccschools.com under the Community Education.

Registration forms and payment due by May 27.

PARENT

Parent/Guardian Name: _____

Phone: (_____) _____ - _____

Email: _____

Address: _____

City/State/Zip: _____

GYMNAST

Participant Name: _____

Grade (Fall 2022): _____

Phone: (_____) _____ - _____

Email: _____

Send Registrations to:
JCC Community Education
PO Box 119
Jackson, MN 56143

Class session payable to:
JCC Community Education

PAYMENT

21 Classes for \$190 (All Classes)

17 Classes for \$155 (Punch Card option)

Payment included: Cash Check Check Number: _____

UCare ID (if applicable): _____

CONSENT

Gymnastics = Risk By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Risk can be reduced, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as, broken bones, dislocations, and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. - USA Gymnastics I understand that Jackson County Central public schools do not provide any accident or health insurance coverage for my child while participating in athletic programs. I fully understand that it is my responsibility to provide insurance coverage for my child. I am aware that the school district DOES NOT cover athletic injuries. I agree not to hold Community Education, the school, or anyone acting in it's behalf, responsible for any injury occurring to the student named in proper course of such athletic activities or travel. I have read the foregoing and will abide by the principles and regulations contained therein. By signing the registration form, I hereby give my consent for the gymnast named to participate.

X _____
Signature of Parent/Guardian

DATE