

GYMNASTICS



Day/Time: Wednesdays 1:45-2:35, 2:40-3:30 in the Multipurpose Room
GRADES 1-5

CLASS DESCRIPTION: Gymnastics focuses on building body-confidence, coordination, motor skills, strength, and flexibility as well as love of moving that will endure through to adulthood. Each class begins with a warm-up, incorporating age-appropriate songs and imagination games to make the exercises interesting and engaging. This builds flexibility, conditions strength, and prepares delicate wrists, backs, and necks for more rigorous activity. The second section of class focuses on age appropriate tumbling passes and movement exploration that builds integrated strength and coordination for more advanced tumbling and inverted work. The class ends with instruction on various gymnastics apparatus. A new piece of equipment, such as the bar, rings, the balance beam, and more, is introduced each week.

1) ✓ Check Box Next To The Class For Which You Would Like To Register. Times are first come first serve. When more than 15 students are enrolled, we will split into 2 classes. Children who go to Adventure Time may be put into the 2nd class.

2) New Students (Who Have Not Participated In The 2009/2010 School Year) Include Registration Fee.

3) Fill in Total Payment Amount & Complete Student Info Section Below.

SESSION NO.	SESSION DATES	NO. OF WEEKS	SESSION COST	PAYMENT
<input type="checkbox"/> SESSION 1:	Sept. 9–Dec. 16 <small>(No class 11/11, 11/25)</small>	13 weeks	\$169	
<input type="checkbox"/>	09/10 Annual Registration Fee		\$25	
Total Payment:				

- **PAYMENT IS DUE ON THE 1ST DAY OF CLASS. REFUNDS AND PRORATING ARE AVAILABLE, PLEASE CALL FIT.**
- **Some scholarships are available, call FIT if you'd like your child to be considered.**

STUDENT INFORMATION: Make check payable to Fitness In Transit (FIT) include your child's name and school on check and submit with registration form.

Student's Name _____ Home phone _____

Parent's Name _____ Emergency Phone _____

Billing Address _____ Email _____

After class: Student will go to Adventure Time ____ Or, by picked up by _____

Pre-existing medical conditions _____

Parent's Signature _____ Date _____

*I hereby understand that my child, while enrolled in Fitness in Transit, is covered for liability insurance under the Markel Insurance Company. This insurance pays over and above what my insurance does not cover.