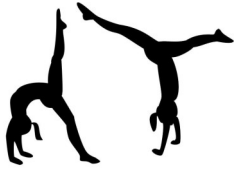


2018

**SPRING GYMNASTICS  
OFFERED FOR 15 MONTHS OLD TO KINDERGARTEN**



Register by mail, online or drop-off at the Recreation Center.  
**Credit card payment available at [www.acprgymnastics.siplay.com](http://www.acprgymnastics.siplay.com)**  
 Mail to: **ACPR Gymnastics** For more info, call 410-638-4109 X7969 or  
 P.O. Box 248 email [corngym@comcast.net](mailto:corngym@comcast.net)  
 Churchville, MD 21028 Check out our website at  
[www.acprgymnastics.com](http://www.acprgymnastics.com)

**Saturday Classes**

**1st Class will be held on MAY 12TH**

<u>Time</u>	<u>Class Name</u>
9:00 am to 9:45 am	PnT2
10:00 am to 10:50 am	Gym I
11:00 am to 11:50 am	LTM
12:00 pm to 12:50 pm	Gym II/III

**Wednesday Classes**

**1st Class will be held on MAY 2ND**

<u>Time</u>	<u>Class Name</u>
9:30 am to 10:15 am	PnT2
9:30 am to 10:20 am	Gym I
10:30 am to 11:20 am	Gym III
10:30 am to 11:20 am	LTM
11:30 am to 12:15 pm	PnT1
11:30 am to 12:20 pm	Gym II
12:30 pm to 1:20 pm	Gym 3
1:30 pm to 2:20 pm	Gym I

**Monday Classes**

**1st Class will be held on APRIL 30TH**

<u>Time</u>	<u>Class Name</u>	
9:30 am to 10:20 am	LTM	
9:30 am to 10:20 am	Gym II	
10:30 am to 11:15 am	PnT2	
10:30 am to 11:20 am	Gym I	<b>NOTE: No class on May 28th due to holiday</b>
11:30 am to 12:15 pm	PnT1	
11:30 am to 12:20 pm	Gym III	
12:30 pm to 1:20 pm	Gym I	
12:30 pm to 1:15 pm	PnT2	
1:30 pm to 2:20 pm	GYM 2	
5:30 pm to 6:15 pm	PnT 2	
6:30 pm to 7:20 pm	LTM	
7:30 pm to 8:20 pm	Gym II/III	

**Thursday Classes**

**1st Class will be held on MAY 3RD**

<u>Time</u>	<u>Class Name</u>
9:30 am to 10:20 am	Gym II
10:30 am to 11:20 am	Gym I
11:30 am to 12:20 pm	Ninja Tots
5:30 pm to 6:20 pm	LTM/Gym I
6:30 pm to 7:20 pm	Gym II

**Tuesday Classes**

**1st Class will be held on MAY 1ST**

<u>Time</u>	<u>Class Name</u>
9:30 am to 10:15 am	PnT 2
10:30 am to 11:20 am	LTM
11:30 am to 12:20 pm	Gym I
1:00 pm to 1:50 pm	Gym III
5:30 pm to 6:15 pm	PnT1
6:30 pm to 7:20 pm	LTM
7:30 pm to 8:20 pm	Gym I

**Friday Classes**

**1st Class will be held on MAY 4TH**

<u>Time</u>	<u>Class Name</u>	<b>NOTE:</b>
9:30 am to 10:20 am	LTM	
10:30 am to 11:20 am	Gym II	No class 5/18
11:30 am to 12:20 pm	Gym I	due to
12:30 pm to 1:20 pm	LTM	Basket Bingo
1:30 pm to 2:20 pm	Gym II	Fundraiser

Parent n Tot 1(PnT1) - ages 15 months to 24 months  
 Parent n Tot 2(PnT2) - ages 24 months to 36 months  
 LTM (Learning thru Movement) - 2 1/2(by 1st day) -3 1/2 year olds  
 GYM I - 3 1/2 to 4 1/2 year olds  
 GYM II - 4 1/2 to 5 year olds  
 GYM III - 4 1/2 to 5 year olds with previous gymnastics experience  
 All classes will be held at the Churchville Rec. Center and are on a first come basis contingent upon sufficient registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled.  
**No refunds or transfers of registration.** No registration will be taken without payment. **Fee: \$65 for six weeks**



**New Class!!!  
NINJA TOTS**  
 Strength and agility training  
 mixed with gymnastics basics  
 For ages 4 to 5

**2018 SPRING GYMNASTICS REGISTRATION**

<b>DAY:</b>	<b>TIME:</b>	<b>CLASS NAME:</b>
<b>CHILD'S NAME:</b>	<b>PHONE #:</b>	
<b>ADDRESS:</b>	<b>ZIP:</b>	
<b>DATE OF BIRTH:</b>	<b>AGE:</b>	
<b>PARENT'S NAME:</b>		
<b>E-MAIL ADDRESS:</b>		
<b>EMERGENCY NAME &amp; PHONE #:</b>		
<b>AMOUNT PAID</b> _____	<b>CASH (exact amount)</b>	<b>CHECK#</b> _____ <b>REG. DATE</b> _____
~Credit card payment accepted for online registration only. Go to <a href="http://www.acprgymnastics.siplay.com">www.acprgymnastics.siplay.com</a> ~		

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, and ACPR Gymnastics Recreation Council and its instructors from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_  
 Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
 Any physical conditions or allergies that the instructor should be made aware of \_\_\_\_\_