

ACPR GYMNASTICS

SUMMER 2018

Recreation Gymnastics Classes

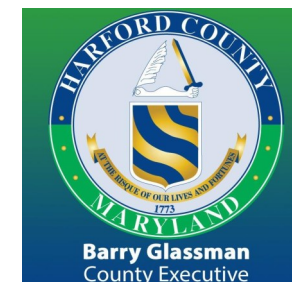
Ages 24 Months to 18 Years

Beginner thru Advanced Levels

**Tumbling and Trampoline
Classes**

Ages 6 and Older

Beginner thru Advanced Levels



*All County Parks and Recreation Gymnastics
111 Glenville Road, Churchville, MD 21028*

*Website: www.acprgymnastics.com
Online registration: www.acprgymnastics.siplay.com
Phone #: 410-638-4109 x7969*

Harford County Department of Parks and Recreation
ACPR GYMNASTICS RECREATION COUNCIL
SUMMER GYMNASTICS 2018
AGES 15 MONTHS TO 5 YEARS OLD

PAY WITH
CREDIT!
ONLINE
REGISTRATION

Classes and Times

8 classes total - \$95.00 per SESSION

Mondays and Wednesdays (2 classes per week)

10:30 am-11:20 am—TINY TOTS all 3 year olds
11:30 am-12:20 pm—TUMBLE TOTS all 4 and 5 year olds
5:00 pm- 5:45 pm—PARENT and TOT 1 15-24 months (w/ parent)
6:00 pm- 6:50 pm—TINY TOTS all 3 year olds

Tuesdays and Thursdays (2 classes per week)

10:30 am-11:15 am—PARENT and TOT 1 & 2 ages 15-36 months (w/parent)
11:30 am-12:20 pm—SUPER TOTS 4.5-5yrs w/ previous experience
5:00 pm- 5:50 pm—SUPER TOTS 4.5-5yrs w/ previous experience
6:00 pm- 6:45 pm—PARENT and TOT 2 all 2 year olds
7:00 pm- 7:50 pm—TUMBLE TOTS all 4 and 5 year olds

Saturdays (8 consecutive Saturdays)

10:30 am-11:15 am—PARENT AND TOT 2 ages 24-36 months (w/ parent)
11:30 am-12:20 pm—TINY TOTS all 3 year olds
12:30 pm- 1:20 pm—TUMBLE TOTS all 4 and 5 year olds

~~Child must be correct age by 1st day of class~~

Session dates are as follows-NO CLASS JULY 4TH

SESSION 1M/W-Mondays & Wednesdays June 25th - July 23rd
SESSION 2M/W-Mondays & Wednesdays July 30th - August 22nd
SESSION 1T/TH-Tuesdays & Thursdays June 26th - July 19th
SESSION 2T/TH-Tuesdays & Thursdays July 24th - August 16th
SESSION 3 -Saturdays June 30th - August 18th

Checks are made payable to

**ACPR GYMNASTICS or
REGISTER ONLINE AT**

www.acprgymnastics.siplay.com

Classes will be held on a first come, first served basis, contingent upon sufficient registration. There will be no refunds or transfers of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your cancelled check will be your receipt. There are no makeup classes offered. If you wish to register by mail, the address is

**ACPR Gymnastics
P.O. Box 248
Churchville, MD 21028**

Questions? Call 410-638-4109 x7969

Website—www.acprgymnastics.com

E-mail—corngym@comcast.net

**LOCATION OF CLASSES
ACPR Gymnastics Recreation Council
Churchville Recreation Center
111 Glenville Road, Churchville, MD 21028**

AGES 5 YEARS AND OLDER

Classes and Times

8 classes total - \$140 per session **\$95.00 per session

All classes will be held at the Churchville Recreation Center, 111 Glenville Rd., Churchville, MD. Classes are divided by age group. Sessions 1 thru 4 will work on all four women's gymnastics events and will be *four* weeks long. Session 5 will be on *eight* consecutive Saturdays. Session 6 is *eight* weeks long and is for those that have the necessary skills. Session 7 & 8 are Tumbling and Trampoline Classes; *eight* weeks long. This class will place special emphasis on the back handspring and other tumbling skills. **NO CLASS ON JULY 4TH! COST: \$140.00 PER SESSION **\$95.00 PER SESSION**

SESSION	AGE	TIME	DAY OF WEEK	DATES
1	7 years & older	9:00-10:30 am	Mon & Wed	June 25-July 23
1a **	5-6 year olds	7:00-8:00 pm	Mon & Wed	June 25-July 23
2	5-6 year olds	9:00-10:30 am	Tue & Thur	June 26-July 19
2a **	7 years & older	8:00-9:00 pm	Tue & Thur	June 26-July 19
3	7 years & older	9:00-10:30 am	Mon & Wed	July 30-August 22
3a **	5-6 year olds	7:00-8:00 pm	Mon & Wed	July 30-August 22
4	5-6 year olds	9:00-10:30 am	Tue & Thur	July 24--August 16
4a **	7 years & older	8:00-9:00 pm	Tue & Thur	July 24-August 16
5	5-8 year olds	9:00-10:30 am	Saturdays	June 30-August 18
6	Intermediate*/Advanced** ALL GYMNASTICS EVENTS	4:30-6:00 pm	Fridays	June 29-August 17
7	6 yrs. & older Tumbling & Tramp Beginner	6:00-7:30 pm	Fridays	June 29-August 17
8	7 yrs. & older Tumbling & tramp Intermediate*/Advanced**	6:00-7:30 pm	Fridays	June 29-August 17

***Skills required for Intermediate - Backbend or kickover, cartwheel & round-off**

****Skills required for Advanced - Back handspring**

SUMMER GYMNASTICS 2018 AGES 5 YEARS AND OLDER-\$140.00 **\$95.00

SESSION: 1 1a 2 2a 3 3a 4 4a 5 6 7 8 (CIRCLE THOSE YOU WANT TO ATTEND)

CLASS NAME: _____ CLASS TIME: _____

CHILD'S NAME: _____ AGE: _____ PHONE #: _____

ADDRESS: _____ ZIP: _____

PARENT'S NAME: _____

EMERGENCY NAME & PHONE #: _____

AMT. PD. _____ CASH (Exact amount) _____ CHECK # _____ REG. DATE _____

DISCLOSURE STATEMENT

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, 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. 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. Further information on both can be found by calling 1-800-232-4636.

Parent Signature _____ Date _____

SUMMER GYMNASTICS 2018 AGES 15 MONTHS TO 5 YEAR OLDS-\$95.00

SESSION: 1M/W 2M/W 1T/TH (Circle those that CLASS NAME: _____
2T/TH 3SAT you wish to attend) CLASS TIME: _____

CHILD'S NAME: _____ PHONE #: _____

ADDRESS: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: _____

PARENT'S NAME: _____

EMERGENCY NAME & PHONE #: _____

AMT. PD. _____ CASH (Exact amount) _____ CHECK # _____ REG. DATE _____

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