



# SPRING GYMNASTICS SESSION



Gymnastics teaches your child muscle control, flexibility, and body awareness. It is a great sport and can benefit kids in other areas of athletics. A 7 week clinic will be offered to kids in grades Pre-school through 6<sup>th</sup> grade. They will work on 4 events; bars, beam, and vault, along with floor where they will be taught dance and tumbling skills.

If you are interested, please fill out the registration form below and send it along with a **\$50** registration fee to: **Sherri Knippling 34297 223<sup>rd</sup> St, Chamberlain, SD 57325**. This is our gymnastics fundraiser, so please make checks payable to **Chamberlain Gymnastics**, as the money will go into a gymnastics fund for camps, equipment, uniforms, and other expenses.

Kids should wear a leotard if they have one, tank top or T-shirt and shorts or leggings. No baggy sweats or jeans, please, as it is hard to assist them if they are wearing bulky clothes. There will be a few leotards to purchase for around \$20... sizes are limited.

The practices will be held in the **High School gymnastics facility 3:45 – 5:30**. Please pick up your child by **5:40** at the Administration doors on the west end of the High School. **Sign up for one group that works best for you**

For more information contact: Sherri Knippling 245-2492 / 730-2492 / 234-4467

- Group 1: Mondays – **Grades:1,2,3: Feb 25, March 4, 11, 18, 25, April 1, 8, & Snowday 15**
- Group 2: Wednesdays – **Grades P,K,1: Feb 20, 27, March 6, 13, 20, 27, April 3, & Snowday 10**
- Group 3: Friday – **Grades 3,4,5: Feb 15, March 1, 8, 22, 29, April 5, 12, & Snowday 26**
- Group 4: Tu/Th – **Grades 4,5,6: Feb 14, 19, 21, 26, 28, March 5, 7, & Snowday 12**
- Group 5: Tu/Th – **Grades 3,4,5: April 2, 4, 9, 11, 16, 18, 23 & Snowday 25**

**\*\*\* All registration forms are due by February 12<sup>th</sup> ~ Can only pick 1 group!**

Please detach and send with your child – keep the top ½ for your information.

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK # \_\_\_\_\_

\_\_\_\_\_ HOME # \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL # \_\_\_\_\_

I give my permission for my child to participate in the Youth Gymnastics Clinic. I understand that with all sports there is a risk of injury and will not hold the coaches or the school responsible for accidents.

Parents Signature: \_\_\_\_\_

**Group you would like to be in:** \_\_\_\_\_ 2<sup>nd</sup> Choice if groups get full: \_\_\_\_\_

Please choose your child's gymnastics experience: \_\_\_\_\_ Previous camps \_\_\_\_\_ Some \_\_\_\_\_ None

Check all that apply for skill level: \_\_\_\_\_ None \_\_\_\_\_ front or back rolls \_\_\_\_\_ cartwheel \_\_\_\_\_ handstand

\_\_\_\_\_ Roundoff \_\_\_\_\_ walkover \_\_\_\_\_ front or back handsprings \_\_\_\_\_ front or back flips (with no hands)

Additional notes: \_\_\_\_\_