

Gymnastics Jamboree

August 12, 13 and 14

9:00am – 12:00noon

Is your child 7 years of age or older and looking for a fun and exciting way to end the summer?

Sign up for our August gymnastics clinics and he or she is sure to finish out the summer on a high note...literally!



During each 3-hour session the coaches will provide participants with:

- A structured warm-up.
- Fun conditioning activities and games.
 - Supervised trampoline time.
- Instruction of dance basics for gymnasts.
 - Lots of fun!!!

LOCATION: SAS Gymnastics Gym, HS Auxiliary Gym B

COST: \$60 per clinic **or** \$150 for all three clinics

REMINDER:

Please send your child to the clinics with water or a sports' drink, and a snack.
Thanks!

Yes, please register the following attendee for:

August 12 _____

August 13 _____

August 14 _____

\$60 per day or \$150 for three days

TOTAL AMOUNT _____ (Check - payable to "SACAC", Cash or NETS)

GYMNAST'S FIRST NAME: _____ LAST NAME: _____

GRADE: _____ GENDER _____ HOME PH: _____ PARENT'S HAND PH: _____

EMAIL: _____

SPORTS WAIVER: I hereby agree to allow my son/daughter to participate in the Gymnastics Jamboree and will not hold SACAC, Singapore American School, their respective staff and employees, the members of the SACAC board, or the coaches liable for any loss or damage to property, or personal injury or death that may occur before, during or after the sports program. My son/daughter and I are fully aware of the risks inherent in and associated with the sports program, and with the particular activities in the sports program which my son/daughter wishes to undertake, and I confirm that my son/daughter is a willing participant despite such risks. SACAC does not carry individual liability and accident insurance for any of the participants and, therefore, requires that I assume full medical and financial responsibility. In the event of my absence, I hereby authorize the coach(es) to sign for and to consent to on my behalf, any medical treatment that may be deemed necessary.

PARENTS' NAME: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: CASH/NETS REF# _____ /CHECK # _____ AMT: _____