

Gymnastics Clinics-Recreational Kids
9:00am – 10:30am

Is your child 6 years of age or older and looking for a fun and exciting way to spend the summer?

Sign up for our Summer Gym Classes
Your child is sure to keep moving all summer long!

During each 1.5 hour session the coach will provide participants with:

- A structured warm-up.
- conditioning.
- training on different gym skills

LOCATION: SAS Gymnastics Gym, HS Auxiliary Gym B DAYS: Mondays, Tuesdays, and/or Thursdays
COST: \$20 per class/ \$45 per week

REMINDER:

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

Yes, please register the following attendee for:

Gymnastics Sessions

Please circle day/week. Per session: \$20, Per Week: \$45,

Week 1: 29th/30th June; 2nd July

Week 2: 6th, 7th July; 9th July

Week 3: 13th, 14th, 16th July

Week 4: 20th, 21st, 23rd July

Week 5: 27th, 28th, 30th July

Week 6: 3rd, 4th, 6th August

Week 7: 10th, 11th, 13th August

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 clinics 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: _____

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Business Registrar