

# March Mon 2019 Gymnastics Session



**Program Goals:** Building self-esteem, basic skills, respect, and sportsmanship.

**Requirements:** This is a family oriented program requiring all children registered in the Parent & Tot class to have a parent or guardian present to participate with the child.

**Location:** 633 N. Wood River Ave. Wood River, IL 62095 The Round House

**When & Fee:** **Mondays:** March 25, April 8, 15, 22, 29, May 6, 13

This is an 7 week program.

5:30—6:15 pm Early Gymnastics : 4yrs-5yrs \$43.00 Class size 8



**Equipment:** All equipment will be provided and is age appropriate. Balance beam, bars & mats will be used for the gymnastics classes not the tumbling class. Comfortable clothes to tumble in are required. No shoes or socks allowed on equipment.

**Registration Deadline :** When classes are full.

**Registration:** Participants may register either by mail or in person at the location below:



Make checks payable to:  
Wood River Recreation  
633 N. Wood River Ave.  
Wood River, IL 62095  
251-3130



## March Gymnastics 2019 - Monday

Early Gym (4yrs-5yrs)

Name: \_\_\_\_\_ M / F D.O.B. \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Medical Conditions? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named child, do hereby consent and agree that the above named minor may participate in the Wood River Recreation Program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteer, participant, employee, or officer of the Wood River Recreation, the City of Wood River, and/or any other sponsor or party. The Wood River recreation program reserves the right to use any pictures taken for publication.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Office Use Only:</b> Date Paid: _____ Amount Paid \$ _____ Received By _____ <b>!NO REFUNDS!</b>
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# March Tues 2019 Gymnastics Session



**Program Goals:** Building self-esteem, basic skills, respect, and sportsmanship.

**Requirements:** This is a family oriented program requiring all children registered in the Parent & Tot class to have a parent or guardian present to participate with the child.

**Location:** 633 N. Wood River Ave. Wood River, IL 62095 The Round House

**When & Fee:** Tuesdays: March 26, April 9, 16, 23, 30, May 7, 14

This is an 7 week program.

5:45—6:30 pm	Early Gymnastics : 4yrs-5yrs	\$43.00	Class size 8
6:30—7:30 pm	Beginner Gymnastics: 6yrs & Older	\$53.00	Class size 8
6:30—7:30 pm	Tumbling: 6yrs & Older	\$53.00	Class size 8
7:30—8:30 pm	Intermediate: 6+ with approval of instructor	\$53.00	Class size 8
7:30—8:30 pm	Advance Gymnastics: 6+ with approval of instructor	\$53.00	Class size 8



**Equipment:** All equipment will be provided and is age appropriate. Balance beam, bars & mats will be used for the gymnastics classes not the tumbling class. Comfortable clothes to tumble in are required. No shoes or socks allowed on equipment.

**Registration Deadline:** When classes are full.

**Registration:** Participants may register either by mail or in person at the location below:



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633 N. Wood River Ave.  
Wood River, IL 62095  
251-3130



## March Gymnastics 2019 - Tuesdays

Early Gym (4yrs-5yrs)      Beg. Gym (6yrs +)      Tumbling(6yrs +)      Intermediate      Adv. Gym.

Name: \_\_\_\_\_ M / F    D.O.B. \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Medical Conditions? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named child, do hereby consent and agree that the above named minor may participate in the Wood River Recreation Program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteer, participant, employee, or officer of the Wood River Recreation, the City of Wood River, and/or any other sponsor or party. The Wood River recreation program reserves the right to use any pictures taken for publication.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Office Use Only:</b> Date Paid: _____ Amount Paid \$ _____ Received By _____ <h3 style="text-align: center;">!NO REFUNDS!</h3>
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# March Wed 2019 Gymnastics Session



**Program Goals:** Building self-esteem, basic skills, respect, and sportsmanship.

**Requirements:** This is a family oriented program requiring all children registered in the Parent & Tot class to have a parent or guardian present to participate with the child.

**Location:** 633 N. Wood River Ave. Wood River, IL 62095 The Round House



**When & Fee:** Wednesdays: March 27, April 3, 10, 17, 24, May 1, 15

This is an 7 week program.

5:30—6:00 pm	Parent & Tot: 2yrs-3yrs	\$35.00	Class size 9
6:00—6:30 pm	Parent & Tot: 2yrs-3yrs	\$35.00	Class size 9
6:30—7:15 pm	Early Gymnastics: 4yrs-5yrs	\$43.00	Class size 8
7:15—8:15 pm	Beginner Gymnastics: 6yrs & Older	\$53.00	Class size 8
7:15—8:15 pm	Advance Gymnastics: 6+ with approval of instructor	\$53.00	Class size 8

**Equipment:** All equipment will be provided and is age appropriate. Balance beam, bars & mats. Comfortable clothes to tumble in are required. No shoes or socks allowed on equipment.

**Registration Deadline :** When classes are full.



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633 Wood River, IL 62095  
251-3130



## March 2018 Gymnastics Session - Wednesdays

Parent & Tot (Time: \_\_\_\_\_)      Early Gymnastics (4yrs-5yrs)      Beginner Gym (6yrs & Older)      Adv. Gym

Name: \_\_\_\_\_ M / F    D.O.B. \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Medical Conditions? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named child, do hereby consent and agree that the above named minor may participate in the Wood River Recreation Program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteer, participant, employee, or officer of the Wood River Recreation, the City of Wood River, and/or any other sponsor or party. The Wood River recreation program reserves the right to use any pictures taken for publication.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Office Use Only:</b> Date Paid: _____ Amount Paid \$ _____ Received By _____ <div style="text-align: center; font-weight: bold; font-size: 1.2em;">!NO REFUNDS!</div>
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