



SUMMER SESSION I

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www.LittleStarsGymnastics.com

Register Today! Classes Fill Up Fast!

4 WEEK SESSION ONLY \$70.00

WEDNESDAYS: June 5th - June 26th • SATURDAYS: June 8th - June 29th

Mom and Me 18 months - 3½ Years

This is an adult participation class that teaches gross and fine motor skills.

This class meets:

WEDNESDAY: 9:00am - 9:45am

SATURDAY: 9:00am - 9:45am

Shining Suns 3½ and 4 Years

Fun warm-ups that leads to the use of motor skills and basic gymnastics positions.

Obstacle course for skills practice. Balance Beam, Bar and basic moves are introduced.

This class meets:

WEDNESDAY: 9:45am - 10:30am

SATURDAY: 9:45am - 10:30am

Mighty Moons 5 and 6 Years

Begin with fun warm-ups and move to basic gymnastics skills and obstacle course atmosphere coupled with other gymnastic activities. Balance Beam, Bar and other age appropriate equipment will be included. This class meets:

WEDNESDAY: 10:30am - 11:15am

SATURDAY: 10:30am - 11:15am

Meteorites 7 - 10 Years

This class is structured for the older child. We start with fun warm-ups and teach all the fundamental skills of gymnastics including tumbling. This class meets:

WEDNESDAY: 11:15am - 12:00pm

SATURDAY: 11:15am - 12:00pm

Advanced Group - *sign up permitted through instructor invite only*

Saturday 12:00pm - 12:45pm

Complete the attached registration form and drop it off with payment at Little Stars Gymnastics, outside drop box or inside during class hours or mail with check or money order payable to Little Stars Gymnastics P.O. Box 616 • Middlefield, Ohio 44062 • \$30 Fee all NSF Checks • No Refunds After Session Begins.

SUMMER SESSION II BEGINS JULY 10, 2024



LITTLE STARS GYMNASTICS CLASS REGISTRATION FORM & WAIVER

6876 Pearl Road, Middleburg Heights • (216) 410-7637

Student Name: _____ Age: _____ Sex: _____ DOB: _____

Address: _____ Apt #: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Parent's Name: _____

Emer. Number: _____ Emer. Contact Person: _____

Father Cell Phone: _____ Mother Cell Phone: _____

E-mail Address: _____

Any Medical Conditions (asthma, allergies, etc.): _____

How Did You Find Out About Us: Family/Friend Internet Other: _____

As a legal guardian of _____, I hereby consent to the aforementioned person participating in the Little Stars Gymnastics program. I am fully aware of and have a complete understanding that potentially severe or catastrophic injuries, including permanent paralysis or death may be associated with any activity involving height or motion including gymnastics and related activities including tumbling and/or trampoline. I hereby release Little Stars Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child under the instruction, supervision, or control of Little Stars Gymnastics or while at any of its facilities. As a legal guardian of the aforementioned person I hereby agree to individually provide for the possible future medical expenses which may be incurred by the aforementioned child as a result of any injury sustained while training with the Little Stars Gymnastics. The acknowledgement of risk and waiver of liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent. By my signature, I understand that this class is under an independent contractor who has sole control over its content and supervision.

• **No Refunds After Session Begins**

Parent or Legal Guardian _____ Date _____

Class: _____ Day: _____ Time: _____

Photography Authorization & Release: Photos will be taken periodically during all Little Stars Gymnastics classes. The photos will be used on our website and for various marketing and promotional print pieces for the purpose of promoting the Little Stars Gymnastics classes. The photos will never be given to or sold to any other media for any other use. By signing below you are giving Little Stars Gymnastics permission to photograph your child during classes and reproduce those images for the previously stated purposes.

Yes - It is okay to photograph my child - Parent Signature: _____ No -Do Not Photograph My Child