



# SUMMER SESSION II

Sophia Porter • (216) 410-7637

6876 Pearl Road • Middleburg Heights

SAPorter911@gmail.com

[www.LittleStarsGymnastics.com](http://www.LittleStarsGymnastics.com)

★ Register Today! Classes Fill Up Fast!

## 4 WEEK SESSION ONLY \$80.00

WEDNESDAYS: July 8<sup>TH</sup> - July 29<sup>TH</sup> • SATURDAYS: July 11<sup>TH</sup> - August 1<sup>ST</sup>

### Mom and Me 18 months - 3<sup>1/2</sup> 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 3<sup>1/2</sup> 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 in an 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 and 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 12:00am - 12:45pm**

Complete the attached registration form and drop it off with payment at Little Stars Gymnastics, outside drop box or mail with check or money order payable to Little Stars Gymnastics  
6876 Pearl Road • Middleburg Hts, Ohio 44130 • \$30 Fee all NSF Checks • No Refunds After Session Begins.

**FALL SESSION I - TBA**



# 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 acknowledgment 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