Little Stars Gymnastics

SPRING SESSION

Sophia • (216) 410-7637
6876 Pearl Road • Middleburg Heights
saporter911@gmail.com
www.LittleStarsGymnastics.com

★ **Register Today! Classes Fill Up Fast!**

4 WEEK SESSION ONLY $100.00

MONDAYS: April 26 - May 17 · TUESDAYS: April 27 - May 18
WEDNESDAYS: April 28 - May 19
FRIDAYS: April 30 - May 21 · SATURDAYS: May 1 - May 22

Mommy/Daddy and Me
18 months - 3 1/2 Years

This is an adult participation class that teaches gross and fine motor skills. Obstacle course, non structured class with fun warm ups with movement and stretching to songs. This class meets:

MONDAY: 6:00pm - 6:45pm
TUESDAY: 5:15pm - 6:00pm
WEDNESDAY: 9:30am - 10:15am
SATURDAY: 9:00am - 9:45am

Shining Suns 3 1/2 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 is a structured class. Child should be able to follow directions, and take turns. Parents are not allowed to participate in the class. This class meets:

TUESDAY: 4:30pm - 5:15pm
WEDNESDAY: 10:15am - 11:00am
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:

MONDAY: 4:30pm - 5:15pm
FRIDAY: 4:15pm - 5:00pm
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:

MONDAY: 5:15pm - 6:00pm
FRIDAY: 5:00pm - 5:45pm
SATURDAY: 11:15am - 12:00pm

ADVANCED GROUP *(by instructor invitation only)*
SATURDAY: 12:00pm - 12:45pm

Classes begin promptly at scheduled time • parking and entrance in back of building

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

SUMMER SESSION 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 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