



HP Gymnastics

Fall Session 2024

Our 40th Year!

September 9th – November 13th

HPHS' Mark Sherman has led the Scot gymnasts to win **51 Individual State Titles**. Our afterschool program is designed for **ALL LEVELS, BOYS and GIRLS**, the very beginning to super advanced. And with our **NEW FACILITY** with **THREE PITS**, fun will be our foundation. ENJOY the embedded trampoline, tumble trak and more. Gain strength, flexibility....everything you need to help you in all sports!

ELIGIBILITY: Any boy or girl who has reached the **age of 5** is eligible. No previous experience is required!

DATES: **September 9 – November 13**
No Class Monday, October 14 (student holiday).

PLACE: Highland Park High School, HEGI FAMILY GYMNASTICS TRAINING CENTER

TIMES: **Monday** 5:00-6:00 **or** 6:00-7:00
OR
Wednesday 5:00-6:00 **Wednesday** 6:00-7:00 **TUMBLING ONLY**

COST: \$295.00
Make checks payable to Highland Park Gymnastics and send to
Mark Sherman, 5607 Merrimac Ave., Dallas, TX 75206

Questions? Call or e-mail Mark Sherman **214-957-4299**, mslexus1@airmail.net

REGISTRATION FORM

Please complete and mail before **AUGUST 5th**

Last Name _____ First _____

Put a check next to your class choice.

Age _____ Birthday _____ / _____ / _____ Circle One: Girl Boy

1. Monday 5:00-6:00 _____

Address _____ Zip _____

2. Monday 6:00-7:00 _____

Cell Phone _____ Emergency phone _____

3. Wednesday 5:00-6:00 _____

School (circle one): MMS 5-6 7-8
Bradfield Armstrong UP Hyer BOONE Other

4. Wednesday 6:00-7:00 _____

TUMBLING

I have enclosed my check # _____ in the amount of \$ _____

In the event of accident or injury suffered by said child while enrolled in the Highland Park Gymnastics program, I hereby release and indemnify HP Gymnastics, Inc. and all instructors from all liability. Highland Park Gymnastics Inc. is owned and controlled by Mark Sherman who anticipates a profit and the camp and/or program is not owned or operated in any manner by H.P.I.S.D.

Parent or Guardian Signature _____ Date _____

E-Mail Address **PRINT LEGIBLY** _____

Person(s) you would like your child to be grouped with _____