



# HP Gymnastics Fall Session 2024

September 9<sup>th</sup> – November 13<sup>th</sup>

Our 40<sup>th</sup> Year!

**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](mailto:mslexus1@airmail.net)

## REGISTRATION FORM

Please complete and mail before **AUGUST 5<sup>th</sup>**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: Girl Boy

Address \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

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

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 \_\_\_\_\_

Put a check next to your class choice.

- |                 |           |       |
|-----------------|-----------|-------|
| 1. Monday       | 5:00-6:00 | _____ |
| 2. Monday       | 6:00-7:00 | _____ |
| 3. Wednesday    | 5:00-6:00 | _____ |
| 4. Wednesday    | 6:00-7:00 | _____ |
| <b>TUMBLING</b> |           |       |