



HP Gymnastics Spring 2025

Our 40th Year!

January 13th – March 26th

HPHS' Mark Sherman has led the Scot gymnasts to win 52 Individual State Championships. Our after-school 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: **January 13 – March 26**
No Class Monday, January 20 (student holiday). **Make up is TUESDAY Jan 21st**
No Class Monday, Feb 17 (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 or **Wednesday 6:00-7:00 TUMBLING ONLY**

COST: \$295.00 Venmo @Mark-Sherman-1 or
 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 November 30th

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 \$ _____

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 _____

TUMBLING

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 _____