



HP Gymnastics

Spring 2024

Our 39th Year!

January 8th – March 25th

HPHS' Mark Sherman has led the Scot gymnasts to win 52 Individual State Championships. 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: **January 8 – March 21**

No Class Monday, January 15 (student holidays). **Make up is TUESDAY Jan 16th**

No Class Monday, Feb 19 (student holidays)

No Class Monday, March 4 (middle school meet)

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**

COST: \$285.00

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 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

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 _____

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 _____