

**BAY STATE GYMNASTICS ACADEMY'S MOBILE PROGRAM
&
ST. FRANCIS XAVIER SCHOOL**

are proud to announce:



Afterschool Tumbling & Fitness

INSTRUCTOR INFORMATION:

Our classes are taught by qualified & certified Gymnastics Instructors.
Our instructors are USA Gymnastics certified, as well as, CPR & First Aid Certified.

CLASS INFORMATION:

Tumbling & Fitness classes will include:

Fun cardio warm-ups

Tumbling stations appropriate for each individual's skill set

Fun fitness and strength building stations/activities

And MORE!

SESSION INFORMATION & TUITION:

Wednesday's ~ 3:00-4:00pm (in the SFX Gym) – 6 Weeks

Session Dates: April 3rd – May 15th 2019

(NO class April 17th)

Tuition: \$105.00 (1st child)

\$95.00 (Sibling)

Please cut and return the following release form, and make checks payable to:
St. Francis Xavier School

Participant & Guardian Information

Child Name: _____ Age: _____

Emergency contact: _____ Relationship: _____

1st Telephone: (____) _____ - _____ 2nd Telephone: (____) _____ - _____

Parent/Guardian Email: _____

BAY STATE GYMNASTICS ACADEMY RELEASE FORM

I Give permission for my son/daughter to participate in gymnastics at Bay State Gymnastics Academy. I understand that gymnastics is a sport with inherent risks. I attest to my son's/daughter's sound health of mind and body and I authorize Bay State Gymnastics Academy to seek medical treatment at the nearest medical facility in case of emergency. In consideration for the right to have my child participate in gymnastics, I hereby release, discharge, covenant not to sue, and agree to indemnify Bay State Gymnastics Academy, its employees and agents ("Releases") and save and hold harmless each of the Releases from liability, claims, demands, losses, expenses, or damages experienced by me or my minor child, which is alleged to be caused in whole or in part by the negligence of the Releases and further agree that if, despite this release, I, the minor, or anyone else on the minor's behalf make a claim against any of the Releases from any litigation expenses, attorney fees, damage, or cost that they may incur as the result of any such claim.

I warrant and represent that my child has been physically examined by a medical physician within the past one (1) year period and to the best of my knowledge my child is able to participate in this program without restrictions. If restrictions exist, I will provide a written outline of those restrictions from a medical provider. I also agree to notify Bay State Gymnastics of any change in my child's physical condition, which may in any way affect his/her ability to participate in classes or programs. *I acknowledge that I have filled in the required Emergency Medical Information Portion of the Registration Form for use in case of emergency.*

As legal guardian, I hereby consent to my child participating in activities at the Bay State Gymnastics Academy. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, associated with participation in gymnastics activities and events. I further agree that Bay State Gymnastics Academy, along with its employees and directors, shall not be liable for any losses or damages occurring as a result of my child's participation in this activity unless such loss or damage is the result of intentional or reckless conduct of the Releases. As legal guardian of the child named above, I hereby agree to provide for the possible and future medical expenses, which may be incurred as a result of an injury sustained while training at, or performing for the Bay State Gymnastics Academy.

Further, I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Massachusetts, and that if any portion of this agreement is held invalid, the remaining portions of the agreement will continue in full legal force and effect.

I have read this consent, release and indemnity agreement and I understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Child Name: _____

Parent/Guardian Signature: _____ **Date:** _____