

BISD AFTER SCHOOL GYMNASTICS

CLASS TIMES

Mondays & Wednesdays

5:00, 6:00, & 6:30 p.m. (depending on level)

BISD gymnastics program provides a service to families by providing physical fitness and fun through the sport of gymnastics. We promote the advancement of skills in a wholesome environment while developing social skills, self-confidence, sportsmanship and discipline.

Classes are supervised by Courtney Yancey, the high school gymnastics coach. Coach Yancey has 19 years of coaching experience. Contact Coach Yancey by email or phone.

**Courtney.yancey@birdvilleschools.net
817-547-5444**

Cost

- ◆ **There is an annual enrollment fee of \$50 per family.**
- ◆ **1-hour classes are \$50 a month**
- ◆ **1.5-hour classes are \$75 a month**
- ◆ **Tuition is due the first week of classes and payable on a monthly basis. There will be a \$10 late fee for all payments**

MONDAYS & WEDNESDAYS

BEGINNER CLASS

1-hour class for the student who has little to no experience.

ADVANCE BEGINNER

1- or 1.5-hour classes available. For students who have some gymnastics background.

INTERMEDIATE CLASS

1.5-hour classes for the student who is beginning to work on back handsprings.

ADVANCED CLASS

1.5-hour classes for students working at a level 4 or 5 (USAG)

All classes are taught at Shannon High School in the gymnastics gym located at 6010 Walker St. in Haltom City.

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Registration Form

Student name: _____
Age: _____ **DOB:** _____ **Male** ___ **Female** ___
Parent name: _____
Phone: _____
Email: _____
Address: _____
City: _____ **Zip:** _____

As the parent or legal guardian of the above student(s), I hereby give consent for them to participate in the gymnastics programs offered by Birdville ISD ("BISD Gymnastics"). I recognize that potentially severe injuries can occur in any activity involving physical activity, including gymnastics and tumbling. I understand and accept this risk. I realize that my child will be performing in all gymnastics events, and training on other training devices including the trampoline and inflatable devices.

Therefore, in consideration for allowing my child to use the BISD Gymnastics equipment and facilities, I hereby forever release Birdville ISD, it's employees, agents, trustees, officials and volunteers from any and all liability for any and all damages or injuries suffered by me or my child that are directly or indirectly related to the BISD Gymnastics program, including any damages or injuries suffered under the instruction, supervision or control of Birdville ISD employees, agents, or volunteers.

I acknowledge and understand that I am responsible for any expenses incurred as a result of my child's participation in the BISD Gymnastics program, including medical expenses. I acknowledge and understand that Birdville ISD is not responsible for the cost of any medical treatment received by my child. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I grant my authorization and consent for Birdville ISD employees to administer general first aid treatment for any minor injuries or illnesses experienced by my child during participation in BISD Gymnastics. If the injury or illness requires emergency treatment, I authorize Birdville ISD employees to contact the E.M.T. In case of my absence the E.M.T. may transport my child to the appropriate healthcare facility for immediate medical attention.

Signature _____ **Date** _____

Does your student have any medical conditions that we should be aware of?

Emergency contact

Name: _____

Phone number: _____

Relationship: _____



To be filled out by coaching staff

Class level: _____

Class day: _____

Class time: _____

Monthly tuition: _____

