

GLASTONBURY PARKS AND RECREATION DEPARTMENT

GYMNASTICS TEAM (FALL)

Program meets at the Academy Gym

Gymnastics is canceled whenever the Glastonbury Public schools are closed or dismiss early due to inclement weather.

JUNIOR OLYMPIC COMPETITIVE TEAM

<u>LEVEL</u>	<u>DAY</u>	<u>TIME</u>	<u>STARTS</u>	<u>ENDS</u>	<u>CANCELLATIONS</u>	
LEVEL 2	Monday	4:00-6:10	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Friday	6:15-8:30	Sept. 6	Dec. 13	Nov. 29; Dec. 6	
LEVEL 3 *(3 days week)	Monday	4:00-6:10	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Friday	6:15-8:30	Sept. 6	Dec. 13	Nov. 29; Dec. 6	
	*You must choose either Tuesday or Thursday as the 3rd day. Sign up at the gym					
	*Tuesday	5:45-8:30	Sept. 3	Dec. 10	Nov. 5	
	*Thursday	5:45-8:30	Sept. 5	Dec. 12	Oct. 31, Nov. 28	
LEVEL 4 *(3 days week)	Monday	6:00-8:30	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Wednesday	6:15-8:30	Sept. 4	Dec. 11	Oct. 9	
	*You must choose either Tuesday or Thursday as the 3rd day. Sign up at the gym					
	*Tuesday	5:45-8:30	Sept. 3	Dec. 10	Nov. 5	
	*Thursday	5:45-8:30	Sept. 5	Dec. 12	Oct. 31, Nov. 28	
LEVEL 5-9	Monday	6:00-8:30	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Tuesday	5:45-8:30	Sept. 3	Dec. 17	Nov. 5	
	Wednesday	6:15-8:30	Sept. 4	Dec. 11	Oct. 9	
	Thursday	5:45-8:30	Sept. 5	Dec. 12	Oct. 31, Nov. 28	

XCEL COMPETITIVE TEAM

<u>LEVEL</u>	<u>DAY</u>	<u>TIME</u>	<u>STARTS</u>	<u>ENDS</u>	<u>CANCELLATIONS</u>	
BRONZE	Tuesday	4:15-5:45	Sept. 3	Dec. 10	Nov. 5	
	Thursday	4:15-5:45	Sept. 4	Dec. 12	Oct. 31, Nov. 28	
SILVER *(3 days week)	Monday	6:00-8:30	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Wednesday	6:15-8:30	Sept. 4	Dec. 11	Oct. 9	
	*You must choose either Tuesday or Thursday as the 3rd day. Sign up at the gym					
	*Tuesday	5:45-8:30	Sept. 3	Dec. 10	Nov. 5	
	*Thursday	5:45-8:30	Sept. 5	Dec. 12	Oct. 31, Nov. 28	
GOLD *(3 days week)	Monday	6:00-8:30	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Wednesday	6:15-8:30	Sept. 4	Dec. 11	Oct. 9	
	*You must choose either Tuesday or Thursday as the 3rd day. Sign up at the gym					
	*Tuesday	5:45-8:30	Sept. 3	Dec. 10	Nov. 5	
	*Thursday	5:45-8:30	Sept. 5	Dec. 12	Oct. 31, Nov. 28	
PLAT/DIAMOND	Monday	6:00-8:30	Sept. 9	Dec. 16	Sept. 2, 30; Oct. 14, Dec. 9	
	Tuesday	5:45-8:30	Sept. 3	Dec. 10	Nov. 5	
	Wednesday	6:15-8:30	Sept. 4	Dec. 11	Oct. 9	
	Thursday	5:45-8:30	Sept. 5	Dec. 12	Oct. 31, Nov. 28	

**GLASTONBURY PARKS & RECREATION GYMNASTICS PROGRAM
CHILD INFORMATION/EMERGENCY CONSENT FORM**

In the event of an emergency, the following information will provide Gymnastics Staff with the information needed to care for your child. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

CHILD INFORMATION

Child's Name _____ Date of Birth _____ Age _____

Address _____ Home Phone _____

Please check off the session the child is attending: FALL _____ WINTER _____ SPRING _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian(s) and where they may be **REACHED** by phone in case of a problem/emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

OTHER CONTACT(S)

I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SPECIAL NEEDS In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

MEDICAL INFORMATION If your child is on medication or requires medication in the event of an emergency (asthma etc.) you must obtain and complete an Authorization for the Administration of Medication form from the Parks and Recreation Office prior to the start of the program.

Known Medical Conditions/Allergies _____

Medication to be Administered _____

EMERGENCY/OTHER CONTACTS

Please provide us the name of person(s) you want us to contact in the event the Parent/Guardian cannot be reached. Every effort will be made to contact parent/Guardians first but if you cannot be reached the following will be contacted. Be sure to provide phone numbers where the people may be **REACHED** during the day.

Name: _____ Home Phone: _____ Cell Phone: _____

Relationship to Child: _____ Day Phone: _____

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified. Yes No

Name: _____ Home Phone: _____ Cell Phone: _____

Relationship to Child: _____ Day Phone: _____

In an emergency, I give permission for the above person to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified. Yes No

Name: _____ Relationship: _____

Signature: _____ Date: _____