

GYMNASTIC LESSONS – FALL 2019

Program meets at the Academy gym. Children will work on individual skill development. Parents should know that all events are taught according to appropriate skill progressions. Children are broken into smaller groups and will rotate through each progression. They are lightly spotted at their own skill level to ensure that they learn their own safe limitations on each event. A summary of skill progressions are listed below to give a better idea of what your child will be working to accomplish:

PRESCHOOL (3&4): Children learn basics of how to tumble, balance on a beam and swing on low bars. Parents may watch the classes.

BEGINNER: Everyone enters at Beginner Level. The basics of gymnastics are taught.

ADVANCED BEGINNER (USAG PRE LEVEL I): Gymnasts enter Advanced Beginner after they master a forward roll to stand, backward straight arm bridge roll to stand, cartwheel and a $\frac{3}{4}$ handstand.

INTERMEDIATE (USAG LEVEL I): Gymnasts enter Intermediate after they have mastered a handstand, round-off, backward roll to push-up position, standing backbend, and one pull-up with their chin passing above the bar. To advance out of Intermediate and be eligible for the Xcel Team, gymnasts must be able to do a backbend kick-over, handstand forward roll, pull-over mount on bars, back hip circle on bars, three pull ups with chin passing above the bar, and one split. Gymnasts must be tested by the Director to move to Xcel Bronze Intermediate Team.

REMINDERS

Children will be tested on each skill progression during the last one or two classes. Each child receives a certificate indicating the level they have progressed to so that they know which class to register for the next session. Parents are asked to adhere to the following:

- Children should dress in a leotard or t-shirt & shorts.
- **PARENTS MAY STAY TO WATCH THE FIRST AND FINAL CLASSES ONLY!**
- Children are not allowed on equipment without an Instructor present
- Siblings are not allowed on the floor and/or equipment
- Parents with questions, please direct them to Kathy Johnson, Gymnastics Director after class.

IF SCHOOL IS CANCELED/DISMISSED EARLY FOR INCLEMENT WEATHER, GYMNASTICS IS CANCELED

SESSION RUNS 10-WEEKS AS PER THE FOLLOWING SCHEDULE

<u>LEVEL</u>	<u>DAY</u>	<u>TIME</u>	<u>STARTS</u>	<u>ENDS</u>	<u>CANCELLATIONS</u>
PRESCHOOL (ages 3&4)	Wednesday	3:05-4:05	Sept. 4	Nov. 13	Oct. 9
	Friday	3:05-4:05	Sept. 6	Nov. 8	
*These are combination classes where kids are grouped by level.					
*ALL LEVELS:	Wednesday	4:10-5:10	Sept. 4	Nov. 13	Oct. 9
	Wednesday	5:15-6:15	Sept. 4	Nov. 13	Oct. 9
	Friday	4:10-5:15	Sept. 6	Nov. 8	
	Friday	5:15-6:15	Sept. 6	Nov. 8	

**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 _____

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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: _____