

**GLASTONBURY PARKS AND RECREATION DEPARTMENT**

# **GYMNASTICS TEAM - WINTER 2020**

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**

<b><u>LEVEL</u></b>	<b><u>DAY</u></b>	<b><u>TIME</u></b>	<b><u>STARTS</u></b>	<b><u>ENDS</u></b>	<b><u>CANCELLATIONS</u></b>
LEVEL 2	Monday	4:00-6:10	Jan. 6	March 30	Jan. 20; Feb. 17
	Friday	6:15-8:30	Jan. 3	March 27	Jan. 10
LEVEL 3 *(3 days week)	Monday	4:00-6:10	Jan. 7	March 30	Jan. 20; Feb. 17
	Friday	6:15-8:30	Jan. 7	March 27	Jan 10
	<b>*You must choose either Tuesday or Thursday as the 3<sup>rd</sup> day. Sign up at the gym</b>				
	*Tuesday	5:45-8:30	Jan. 7	March 31	Feb. 18
*Thursday	5:45-8:30	Jan. 2	March 26		
LEVEL 4 *(3 days week)	Monday	6:00-8:30	Jan. 6	March 30	Jan. 20; Feb. 17
	Wednesday	6:15-8:30	Jan. 8	March 25	
	<b>*You must choose either Tuesday or Thursday as the 3<sup>rd</sup> day. Sign up at the gym</b>				
	*Tuesday	5:45-8:30	Jan. 6	March 30	Feb. 18
*Thursday	5:45-8:30	Jan. 8	March 25		
LEVEL 5-9	Monday	6:00-8:30	Jan. 6	March 30	Jan. 20; Feb. 17
	Tuesday	5:45-8:30	Jan. 7	March 31	Feb. 18
	Wednesday	6:15-8:30	Jan. 8	March 25	
	Thursday	5:45-8:30	Jan. 2	March 26	

## **XCEL COMPETITIVE TEAM**

<b><u>LEVEL</u></b>	<b><u>DAY</u></b>	<b><u>TIME</u></b>	<b><u>STARTS</u></b>	<b><u>ENDS</u></b>	<b><u>CANCELLATIONS</u></b>
BRONZE	Tuesday	4:15-5:45	Jan. 7	March 31	Feb. 18
	Thursday	4:15-5:45	Jan. 2	March 26	
SILVER *(3 days week)	Monday	6:00-8:30	Jan. 6	March 30	Jan. 20; Feb. 17
	Wednesday	6:15-8:30	Jan. 8	March 25	
	<b>*You must choose either Tuesday or Thursday as the 3<sup>rd</sup> day. Sign up at the gym</b>				
	*Tuesday	5:45-8:30	Jan. 7	March 31	Feb. 18
*Thursday	5:45-8:30	Jan. 2	March 26		
GOLD *(3 days week)	Monday	6:00-8:30	Jan. 6	March 30	Jan. 20; Feb. 17
	Wednesday	6:15-8:30	Jan. 8	March 25	
	<b>*You must choose either Tuesday or Thursday as the 3<sup>rd</sup> day. Sign up at the gym</b>				
	*Tuesday	5:45-8:30	Jan. 7	March 31	Feb. 18
*Thursday	5:45-8:30	Jan. 2	March 26		
PLAT/DIAMOND	Monday	6:00-8:30	Jan. 6	March 30	Jan. 20; Feb. 17
	Tuesday	5:45-8:30	Jan. 7	March 31	Feb. 18
	Wednesday	6:15-8:30	Jan. 8	March 25	
	Thursday	5:45-8:30	Jan. 2	March 26	

**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: \_\_\_\_\_