



# SUMMER Schedule 2024

8 Weeks: June 17<sup>th</sup> - August 10<sup>th</sup>

## Our Classes

**Confidence\*Coordination\*Concentration\*FUN**

### TUESDAY

9:00-9:30 Tiny T's  
 9:40-10:40 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 10:50-11:50 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 4:00-5:00 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 5:10-6:10 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 6:30-7:30 Girls & Boys Ninja 5-14

### WEDNESDAY

4:00-5:00 Open Gym  
 5:15-5:45 Tiny T's  
 5:55-6:55 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 7:05-8:05 Tumbling Class

### THURSDAY (7 weeks, closed July 4<sup>th</sup>)

9:00-9:30 Tiny T's  
 9:40-10:40 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 10:50-11:50 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 4:00-5:00 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 5:10-6:10 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 6:20-7:50 Girls & Boys Accelerated &  
 Advanced (by interview)

### SATURDAY

8:30-9:00 Tiny-T's  
 9:05-9:35 Tiny-T's  
 9:45-10:45 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14  
 10:55-11:55 Pre-school: Tigers & Kangaroos  
 Tenderfoot, Girls & Boys 6 ½-14

## CAMPS

### MINI CAMP WEEKS

M,W,F 9am-3pm

June 24, 26, 28<sup>th</sup>

July 8, 10, 12<sup>th</sup>

July 22, 24, 26<sup>th</sup>

August 5, 7, 9<sup>th</sup>

### MEGA CAMP WEEK

M-F 9am-3pm

August 12-16<sup>th</sup>

***Classes are grouped by age, skill level & ability. Must have 4 or more students enrolled to hold a class/camp. we regret you may be asked to choose another day/time. We may also add classes per inquiry.***

Our program is open to boys and girls at all levels of gymnastics experience, beginner to advanced, with desire to learn gymnastics. At Mid-Atlantic Gymnastics Center (MAGC) we have created an atmosphere challenging and enjoyable, designed to develop each student's physical and mental abilities to the fullest, while instilling positive life-long attitudes toward every aspect of themselves. Classes are grouped by age, skill level and ability.

#### **Tiny T's - (Children 18-36 Months)**

A lively introduction to the world of movement with parent/guardian participation. Teaches basic gymnastic techniques and movement necessary to any future physical activity. Level-appropriate equipment use. ½ hour class per week

#### **Tigers & Kangaroos - (Pre-school ages 3-4 and 4-5)**

A playful yet well-designed class for preschoolers to develop coordination and concentration at a time that is so important for long-term sports development. Level-appropriate equipment use. Student/teacher ratio 6/1 for ¾ hour or 8/1 for 1 hour class per week

#### **Tenderfoot - (Kindergarten ages 5-6 )**

A confidence-building experience with exploration of movement on all apparatus, using basic skills to create simple gymnastic combinations. Student/teacher ratio 9/1 for 1 hour class per week.

#### **Girls and Boys - (6½ years and older)**

Tailored to the individual student's needs, with emphasis on learning and fun. Classes grouped by age and ability. Beginner to intermediate levels. Student/teacher ratio 9/1. Class length varies between 1 hour , 1¼ and 1½ hours depending on skill level.

#### **Ninja Training - (Ages 5 - 14)**

The purpose of this class is to move fluidly through a series of obstacles with power, agility and grace. The young ninjas will learn techniques to vault, roll, jump, spin and flip in a fun and exciting form of exercise. Utilizing our safety mats and our gymnastics equipment as obstacles, the young ninja's movement abilities will grow through safe, fun and exciting challenges. Student/teacher ratio 9/1for 1 hour class per week.

#### **CAMPS – (Entering kindergarten & Up)**

All levels of gymnastic experience, beginner to advanced with a desire to learn gymnastics. Every day they will have a morning of gymnastics fun, including bars, trampoline, trapeze, rings, beam, tumbling and more! Later they will have a snack break, followed by a gymnastic game and/or arts & crafts. More gymnastics, then half-hour lunch break, with a movie, and open gym at the end of the each day. **Parents provide a snack, lunch and drinks for child each day.**

-----more information & registration on reverse----->

## Policy

Coaching/Commenting/Disciplining from the waiting area is prohibited. This is not safe for participants & distracting for instructors, please wait until after class. NO MAKE-UPS are offered during the summer.

The summer session is not a continuation of our regular program.

**YOU MUST COMPLETE A SUMMER REGISTRATION FORM.**

Registration is on a first-come, first served basis, and there is no registration fee. **YOU MUST LIST WHICH CLASS DATES YOU WILL BE MISSING.**

No refunds, pro-rates or credits for missed classes. This includes unforeseen injuries, illnesses, weather closings or pandemics. Conflicts with schedules, loss of interests, injuries or other activities are not eligible for credits or refunds. Any credits given must be used within same fiscal year.

\*Withdraw in first week 50% of payment  
 \*\*Withdraw after first week, no refund  
 \*\*\*Returned payments of any kind \$35 charge

## Attire

In the interest of safety and mobility we require appropriate clothing for all class activities. Leotards, gym-shorts with t-shirts, or sweat clothing are acceptable attire. T-shirts should be tucked in. Bare feet are required. Long hair must be tied back. **BRING YOUR OWN HAIRTIES!!** No dangling earrings or jewelry- **INCLUDING SMART WATCHES**, no tights with feet, and no shorts with zippers/buttons.

## Class & Camp Fees

### Based on length of class:

|                  |       |
|------------------|-------|
| Class Length     |       |
| ½ Hour           | \$16  |
| 1 Hour           | \$20  |
| 1 ½ Hour & Ninja | \$24  |
| Mini Camp Week   | \$245 |
| Jumbo Camp Week  | \$375 |

- ◆ *Payment in full is due upon registration.*
- ◆ *10% sibling discount/multi enrollment*
- ◆ *Trial classes are available for a class fee*
- ◆ *Open Gym \$15/child*

### PRIVATE LESSONS

*Lessons are scheduled outside of class times with preferred instructor. Fees are dependent on length of lesson, number of participants & instructor.*

### Birthday Parties

Saturday & Sunday afternoons,  
 1.5 hours, 15 kids,  
 Please ask for more information  
 @desk!



# SUMMER REGISTRATION 2024

(Check One)

Male  Female  Non-Binary

Student Name \_\_\_\_\_

Day and Time Desired (Honored unless notified)

2nd choice

Dates not attending

CAMP(\$)

Parent Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**I do here verify that I fully understand and accept the below statements and the guidelines.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**We often have A LOT of fun and would love to promote this in images on our website and social media. Please initial in the box to authorize the use of your child's image in photo-graphs on our website, social media, online photo albums and in print.**

Mid-Atlantic Gymnastics Center LLC has put in place preventative measures to reduce the spread of any illness; however, The Studio cannot guarantee that you or your child(ren) will not become infected with any illness, virus, or communicable disease. Further, attending MAAGC could increase your risk and your child(ren)'s risk of contracting these. By signing this agreement, I acknowledge the contagious nature of any illness and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending MAAGC and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at MAAGC or participation in MAAGC ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless MAAGC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MAAGC, its employees, agents, and representatives, whether any infection occurs before, during, or after participation in any MAAGC program. Permission Statement: My child (ren) has permission to attend Mid-Atlantic Gymnastics Center LLC. I confirm this student(s) is in good health. I understand the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for MAAGC officials to call a doctor and/or the parents for treatment in the event of an emergency. No make-ups are offered during summer session. No refunds or pro-rates will be given for missed classes. Conflicts with schedules or other activities are not eligible for credits or refunds. Return check fee and ANV refund: \$35. Any credits given must be used within same fiscal year. Withdraw after first week, no refund. Withdraw within first week 50% refund. I do here verify that I fully understand and accept the above statements and guidelines.

Private Lesson  Trial  Open Gym

(Check One)

Male  Female  Non-Binary

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_



# SUMMER REGISTRATION 2024

(Check One)

Male  Female  Non-Binary

Student Name \_\_\_\_\_

Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Student Name \_\_\_\_\_

Private Lesson  Trial  Open Gym  
(Check One)

Male  Female  Non-Binary

Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Day and Time Desired (honored unless notified)

2nd choice

Dates not attending

CAMMYS

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**I do here verify that I fully understand and accept the below statements and the guidelines.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**We often have A LOT of fun and would love to promote this in images on our website and social media. Please initial in the box to authorize the use of your child's image in photo-graphs on our website, social media, online photo albums and in print.** \_\_\_\_\_ Mid-Atlantic Gymnastics Center LLC has put in place preventative measures to reduce the spread of any illness; however, The Studio cannot guarantee that you or your child(ren) will not become infected with any illness, virus, or communicable disease. Further, attending MAAG could increase your risk and your child(ren)'s risk of contracting these. By signing this agreement, I acknowledge the contagious nature of any illness and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending MAAG and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at MAAG or participation in MAAG ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless MAAG, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MAAG, its employees, agents, and representatives, whether any infection occurs before, during, or after participation in any MAAG program. Permission Statement: My child(ren) has permission to attend Mid-Atlantic Gymnastics Center LLC. I confirm this student(s) is in good health. I understand the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for MAAG officials to call a doctor and/or the parents for treatment in the event of an emergency. No make-ups are offered during summer session. No refunds or pro-rates will be given for missed classes. Conflicts with schedules or other activities are not eligible for credits or refunds. Return check fee and ANV refund: \$35. Any credits given must be used within same fiscal year. Withdraw after first week, no refund. Withdraw within first week 50% refund. I do here verify that I fully understand and accept the above statements and guidelines.

# SUMMER REGISTRATION 2024

(Check One)

Male  Female  Non-Binary

Student Name \_\_\_\_\_

Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Student Name \_\_\_\_\_

Private Lesson  Trial  Open Gym  
(Check One)

Male  Female  Non-Binary

Age \_\_\_\_\_

Birth Date \_\_\_\_\_

Day and Time Desired (honored unless notified)

2nd choice

Dates not attending

CAMMYS

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**I do here verify that I fully understand and accept the below statements and the guidelines.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**We often have A LOT of fun and would love to promote this in images on our website and social media. Please initial in the box to authorize the use of your child's image in photo-graphs on our website, social media, online photo albums and in print.** \_\_\_\_\_ Mid-Atlantic Gymnastics Center LLC has put in place preventative measures to reduce the spread of any illness; however, The Studio cannot guarantee that you or your child(ren) will not become infected with any illness, virus, or communicable disease. Further, attending MAAG could increase your risk and your child(ren)'s risk of contracting these. By signing this agreement, I acknowledge the contagious nature of any illness and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending MAAG and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at MAAG or participation in MAAG ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless MAAG, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MAAG, its employees, agents, and representatives, whether any infection occurs before, during, or after participation in any MAAG program. Permission Statement: My child(ren) has permission to attend Mid-Atlantic Gymnastics Center LLC. I confirm this student(s) is in good health. I understand the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for MAAG officials to call a doctor and/or the parents for treatment in the event of an emergency. No make-ups are offered during summer session. No refunds or pro-rates will be given for missed classes. Conflicts with schedules or other activities are not eligible for credits or refunds. Return check fee and ANV refund: \$35. Any credits given must be used within same fiscal year. Withdraw after first week, no refund. Withdraw within first week 50% refund. I do here verify that I fully understand and accept the above statements and guidelines.