

SUMMER Schedule 2024

8 Weeks: June 17th - August 10th

TUESDAY	
9:00-9:30	Tiny T's
9:40-10:40	Pre-school: Tigers & Kangaroos
	Tenderfoot, Girls & Boys 6 1/2-14
10:50-11:50	Pre-school: Tigers & Kangaroos
	Tenderfoot, Girls & Boys 6 1/2-14
4:00-5:00	Pre-school: Tigers & Kangaroos
	Tenderfoot, Girls & Boys 6 1/2-14
5:10-6:10	Pre-school: Tigers & Kangaroos
	Tenderfoot, Girls & Boys 6 1/2-14
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^{th)}

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 1/2-14

CAMPS

MINI CAMP WEEKS

M,W,F 9am-3pm June 24, 26, 28th July 8, 10, 12th July 22, 24, 26th August 5, 7, 9th

MEGA CAMP WEEK

M-F 9am-3pm August 12-16th

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 Classes

Confidence *Coordination *Concentration *FUN

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---->

do here verify that I fully understand and accept the below statements and the guideline images on our website and social media. Please initial in the box to authorize the use of your child's image in photomeasures to reduce the spread of any illness;

Class & Camp Fees

Based on length of class:

Class Length

Student Name

(Check One)

Female Non-Binary

Age

Birth Date

Student Name

(Check One)

Trial

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!

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.

Private Lesson Trial (Check One) Check One) Check On	We often have A LOT of fun and would love to promote this in images of graphs on our website, social media, online photo albums and in print. I however, The Studio cannot guarantee that you or your child(ren) will not become inficontracting these. By signing this agreement, I acknowledge the contagious nature of exposure or infection may result in personal injury, illness, permanent disability, or de (including, but not limited to, personal injury, disability, and death), illness, damage, le ance at MAGC or participation in MAGC ("Claims"). On my behalf, and on behalf of my and from the Claims, including all liabilities, claims, actions, damages, costs or expensions, or negligence of MAGC, its employees, agents, and representatives, wheth sion to attend Mid-Atlantic Gymnastics Center LLC. I confirm this student(s) is in good participation in a gymnastics class or event. I hereby give my permission for MAGC off sion. No refunds or pro-rates will be given for missed classes. Conflicts with schedules within same fiscal year. Withdraw after first week, no refund. Withdraw within first w	Parent Guardian Name	Student Name Day and Time Desired (honored unless notified)	Mid Atlantic Mid Atlantic
Private Lesson Trial (Check One) Check One) Male Female Non-Binary Phone Non-Pinary Phone Non-Pinary Phone Non-Pinary Phone Non-Pinary Phone Non-Pinary Male Female Non-Binary Phone Non-Pinary Phone Non-Pina	nline photo albums and in print. u or your child(ren) will not become infected with an acknowledge the contagious nature of any illness anc jury, illness, permanent disability, or death. I voluntar disability, and death), illness, damage, loss, claim, liabins, actions, damages, costs or expenses of any kind ege, agents, and representatives, whether any infection. LC. I confirm this student(s) is in good health. I undevereby give my permission for MAGC officials to call animissed classes. Conflicts with schedules or other actives, no refund. Withdraw within first week 50% refuneek, no refund. Withdraw within first week 50% refuneek.	Phone Number Phone Number and accept the below statements are	Age Birt	(Check One) Check One Che
Private Lesson Trial (Check One) (A) (A) (A) (A) (A) (A) (A) (tte and social my liness, virus, or a y illness, virus, or a y illness, virus, or a y villness, cove area y release, cove arising out of or ran occurs before, or stand the risk of doctor and/or the doctor and/or the distines are not eligible.	nd the guideli	Date d choice	0
Trial (Check One) (Phone Niels of your child's in the presentative measures to reduce the spresentative measures to reduce the	Parent/Guardia nedia. Please initial in the box to au ymmastics Center LLC has put in place prevommunicable disease. Further, attending ne the risk that my child(ren) and I may be all of the foregoing risks and accept solor any kind, that I or my child(ren) may expenant not to sue, discharge, and hold harmelelating thereto. I understand and agree the Juring, or after participation in any MAGC serious accidental injury, including head a parents for treatment in the event of an operation or redits or refunds. Return check fee that I fully understand and accept the able for credits or refunds.	arentGuardian Name nes.		
Trial (Tri	an Signature thorize the use c ventative measures wentative measures exposed to or infevent eresponsibility for a perience or incur in a perience inclue in this release inclue program. Permission and neck injuries and and Nary refund: \$3 and ANY refund: \$4 and ANY refund: \$5 and and SANY refund: \$5 and SANY refund:		tending	rivate Lesson (Check (
	of your child's in to reduce the spre- ise your risk and child risk and chairs, and logues, agents, agents, agents, agents, and logues, agents, agen	Phone Number	þ	

Parent/Guardian Signature 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 photographs 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, or communicable disease. Further, attending MAGC 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 MAGC and that such exposure or infection may result in personal injury, disability, and death, illness, damage, loss, daim, liability, or expense, of any kind, that I or my child(ren) and I may be exposed to or infected by attending MAGC and that such exposure or infection in MAGC ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and screen to 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 MAGC, its employees, agents, and representatives, whether any infection occurs before, during, or after participation in any MAGC program. Permission Statement: My child(ren) has permission. 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 ANY refund: \$35. Any credits given must be used within 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.	Parent/Guardian Name	Student Name Day and Time Desired (honored unless notified)	Mid-Atlantic Male
photo albums and in print. photo albums and in print. purchild(ren) will not become infected with owledge the contagious nature of any illness. Illness, permanent disability, or death. I volun illness, permanent disability, and death), illness, damage, loss, claim, li on my behalf, and on behalf of my children, I actions, damages, costs or expenses of any kingents, and representatives, whether any infection from this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) is in good health. I ur I confirm this student(s) in good health. I ur I confirm this student so in this student so in the student so in the student so in this student so in this student so in this student so in this student so in the student so in this student so in thi	Phone Number	Age	SUIVINITARIA GISTRATION 2024
bsite and social media Mid-Atlantic Gymna any illness, virus, or comn and voluntarily assume th tearily agree to assume all iability, or expense, of any hereby release, covenant nd arising out of or relatir nd arising out of or serio ction occurs before, durin nderstand the risk of serio il a doctor and/or the pare ctivities are not eligible fo fund. I do here verify that	Par	Birth Date 2nd choice	ATTON
Parent/Guardian Signature Parent/Guardian Signature Parent/Guardian Signature Date Parent/Guardian Signature Parent/Guardian Signature Date Parent/Guardian Signature Parent/Guardian Signature Mid-Atlantic Gymnastics Center LLC has put in place preventative measures to reduce the spread of any illness; illness, virus, or communicable disease. Further, attending MAGC could increase your risk and your child(ren)'s rivoluntarily assume the risk that my child(ren) and I may be expossed to or infected by attending MAGC and that is your expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren) or mysel lity, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attive reby release, covenant not to sue, discharge, and hold harmless MAGC, its employees, agents, and representative rising out of or relating thereto. I understand and agree that this release includes any Claims based on the action on cocurs before, during, or after participation in any MAGC program. Permission Statement: My child(ren) has per stand the risk of serious accidental injury, including head and neck injuries and accidental death, associated with loctor and/or the parents for treatment in the event of an emergency. No make-ups are offered during summers ties are not eligible for credits or refunds. Return check fee and ANY refund: \$35. Any credits given must be used d. I do here verify that I fully understand and accept the above statements and guidelines.	Parent Guardian Name	Student Name Dates no	2024
Parent/Guardian Signature in the box to authorize the use of your sput in place preventative measures to redu Further, attending MAGC could increase your fifered and I may be exposed to or infected by isks and accept sole responsibility for any injuchild(ren) may experience or incur in connect rige, and hold harmless MAGC, its employees, stand and agree that this release includes any stand and agree that this release includes any atton in any MAGC program. Permission State y, including head and neck injuries and accide in the event of an emergency. No make-ups as s. Return check fee and ANY refund: \$35. Any and accept the above statements and guideli		Dates not attending	Private Lesson Trial (Check One) Check One Check
Date child's image in photo- ce the spread of any Illness; rrisk and your child(ren)'s risk of attending MAGC and that such ry to my child(ren) or myself tion with my child(ren)'s attend- agents, and representatives, of Claims based on the actions, ment: My child(ren) has permis- ntal death, associated with re offered during summer ses- credits given must be used ness.	Phone Number	Age Birth Date CAMP(s	