

**SUMMER SESSION
CLASSES NOW FORMING**

Little Stars Gymnastics

Boys and Girls - 18 months to 10 years



No Prior Experience Necessary



**Have Lots of FUN While Learning
Important Fundamental Skills**



Balance Beam ★ Single Bar ★ Obstacle Course ★ Basic Tumbling & More

USAG Safety Certified Gymnastic Instructor with Over 16 Years of Teaching Experience

Visit Us Online or Contact Sophia for More Information

216-410-7637 ★ allstargym@att.net

www.LittleStarsGymnastics.com

Little Stars Gymnastics

**ALL CLASSES ARE HELD AT
THE BRECKSVILLE
COMMUNITY CENTER**
1 Community Drive
Brecksville, Ohio 44141
Members & Non Members Welcome!



**REGISTER TODAY!
Classes Fill Up Fast!**

\$40 for BCC Members ★ **\$50** for Brecksville Residents ★ **\$60** for Non Residents

SUMMER SESSION SCHEDULE

4 Week Mini-Session • Wednesdays: July 7th - July 28th

CALL US! SUMMER CAMP AT MIDDLEBURG HTS REC - AUGUST 9TH - 13TH • 9 AM - 1 PM

Mom and Me 18 months - 3 Years

This is an adult participation class that teaches gross and fine motor skills. This class meets:

WEDNESDAY:
9:30 am - 10:15 am

Shining Suns 3 and 4 Years

Fun warm-ups that leads to the use of motor skills and basic gymnastics positions. Obstacle Course for skills practice. Balance Beam, Bar and basic moves are introduced. This class meets:

WEDNESDAY:
10:15 am - 11:00 am

Mighty Moons 5 and 6 Years

Begin with fun warm-ups and move to basic gymnastics skills in an obstacle course atmosphere coupled with other gymnastic activities. Balance Beam, Bar, and other age appropriate equipment will be included. This class meets:

WEDNESDAY: 11:00 am - 11:45 am

Meteorites 7 thru 10 Years

This class is structured for the older child. We start with fun warm-ups and teach all the fundamental skills of gymnastics, including tumbling. This class meets:

WEDNESDAY: 11:45 am - 12:30 pm

Complete the attached registration form and mail with check to
Sophia Boyk • PO Box 84 • Hiram, Ohio 44234 or sign up at the Brecksville Community Center.
Please make checks payable to **THE CITY OF BRECKSVILLE** • \$30 Fee for all NSF Checks

FALL SESSION TBA - JULY 2010



THE BRECKSVILLE COMMUNITY CENTER
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 LITTLE STARS GYMNASTICS WAIVER
 CLASS REGISTRATION FORM



Student Name: _____ Age: _____ Sex: _____ DOB: _____

Address: _____ Apt #: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Parent's Name: _____

Emer. Number: _____ Emer. Contact Person: _____

Father Cell Phone: _____ Mother Cell Phone: _____

E-mail Address: _____

Any Medical Conditions (asthma, allergies, etc.): _____

BCC Member _____ (Provide Your Member Number) Brecksville Resident Non-Resident

How Did You Find Out About Us: Family/Friend Internet Other: _____

As a legal guardian of _____, I hereby consent to the aforementioned person participating in the Little Stars Gymnastics program. I am fully aware of and have a complete understanding that potentially severe or catastrophic injuries, including permanent paralysis or death may be associated with any activity involving height or motion including gymnastics and related activities including tumbling and/or trampoline. I hereby release Little Stars Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child under the instruction, supervision, or control of Little Stars Gymnastics or while at any of its facilities. As a legal guardian of the aforementioned person I hereby agree to individually provide for the possible future medical expenses which may be incurred by the aforementioned child as a result of any injury sustained while training with the Little Stars Gymnastics. The acknowledgement of risk and waiver of liability, having been thoroughly and understood completely, is signed voluntarily as to its content and intent. By my signature, I understand that this class is under an independent contractor who has sole control over its content and supervision. The instructor is not an employee of the city of Brecksville and only reimburses the city for use of space. I agree not to hold the City of Brecksville, the Brecksville Community Center or their employees responsible for any injuries suffered during this activity.

Parent or Legal Guardian _____ Date _____

Class: _____ Day: _____ Time: _____

Photography Authorization & Release: Photos will be taken periodically during all Little Stars Gymnastics classes. The photos will be used on our website and for various marketing and promotional print pieces for the purpose of promoting the Little Stars Gymnastics classes. The photos will never be given to or sold to any other media for any other use. By signing below you are giving Little Stars Gymnastics permission to photograph your child during classes and reproduce those images for the previously stated purposes.

Yes - It is okay to photograph my child - Parent Signature: _____ No - Do Not Photograph My Child