

Parent Consent/Waiver

As Parent or Guardian of the above named gymnast(s) I give my permission for him to participate in the activities put on by the ASU Men's gymnastic team (Sun Devil Gymnastics) and Aspire Kids Sports Center, Inc. (AKSC). I fully understand that the SUN DEVIL GYMNASTICS and AKSC coaches are not physicians or medical practitioners of any kind. With that in mind, I hereby release the SUN DEVIL GYMNASTICS and AKSC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the SUN DEVIL GYMNASTICS or AKSC staff to call and seek medical help, including transportation by a SUN DEVIL GYMNASTICS or AKSC staff member or it's representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the attending staff deem this to be necessary.

There are risks and hazards associated with the sport of gymnastics. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics can be dangerous and can lead to serious injury, paralysis and even death. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction.

In consideration of my child(s) being allowed to use the premises of Aspire Kids Sports Center for organizational activities, I, the undersigned, hereby release and forever discharge Aspire Kids Sports Center, Inc., its officers and employees for any injury sustained as a result of my child(s) participation in the organized activities, and which result from causes beyond their control.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

Parent or Guardian Signature:

Date: _____ / _____ / _____

(if participant is under 18 years of age)

Emergency phone #s:

Home #: _____

Cell # : _____

Additional comments we should be aware of about your child's physical/ medical condition to participate:



To Bring List

- Grips
- Workout gear (sweatshirt, sweatpants, shorts)
- Cameras to take pictures during fun times
- Ready to make some great memories
- Sleeping bags for sleep over if you plan to stay
- Toothbrush and toothpaste



Sun Devil Gymnastics

December 2, 2017

ANNUAL ASU HOLIDAY CLINIC AND SLEEPOVER

**Beginner Boys
to
Level 10**



**Be Prepared &
Primed for this Season!**

A Great Clinic Staff

Clinic staff includes the ASU Men's Gymnastics Coaches, Team Members, along with some well known Arizona coaches.

Scott Barclay: ASU Head Coach 25 years, National Coach of the Year 20 times since 1994 and the Owner/Director of Aspire Kids Sports Center



Aspire Gym

Rob Survick: ASU Assistant Head Coach, former ASU Gymnast. Jr. Sun Devil Head Coach and Aspire Boys Program Director.

Evan Shaw: ASU Assistant Coach. Jr. Sun Devils Team Coach, former ASU gymnast.

Lee Wilkerson: ASU Assistant Coach, Aspire TNT head coach; former ASU gymnast.

Along with members of the **ASU Men's Gymnastics Team.**



REGISTRATIONS DUE BY:

NOVEMBER 24, 2017

Tentative Schedule

Option #1: FULL DAY CLINIC

- For Level 5-10 team gymnasts
- 10:30am - 6:00pm
- Clinics and instruction on all apparatus
- Includes Lunch
- Time on all events & trampoline
- **Check-in will begin at 10:15 am**

Option #2: 1/2 DAY CLINIC

- For Beginning boys and level 1-4 gymnasts
- 2:00 pm - 6:00 pm
- Clinics and instruction on all apparatus
- **Check-in will begin at 1:45 pm.**

Gymnasts who are staying for the sleepover will have a snack and open gym from 6:00 -7:00 pm

Optional Add On:

EXTREME GAMES SLEEPOVER!!!

- Can't make the clinic - then head over for the sleepover
- Saturday night 7:00 pm
- Includes pizza dinner
- Fun Games and a Movie
- *MORE* gymnastics and open gym
- Pick up by 8:30 am Sunday

Dependent upon number of participants. Minimum of 25 needed. So sign up now!

Registration Form

One form per gymnast

Sign up for:	Price	Ext.
<input type="checkbox"/> Full Day Clinic only	\$75.00	_____
<input type="checkbox"/> Full Day Clinic & sleepover	\$100.00	_____
<input type="checkbox"/> 1/2 Day Clinic only	\$45.00	_____
<input type="checkbox"/> 1/2 Day Clinic & sleepover	\$70.00	_____
<input type="checkbox"/> Extreme Games Sleep Over Only	\$30.00	_____
	Total	_____

Name of Gymnast _____		Age _____
Address _____	City _____	Zip _____
School or Club _____		
Level _____	Email Address _____	
Phone _____		

A non-refundable \$25 deposit required with registration form in order to hold a spot. Payable to **Sun Devil Gymnastics**. Balance due at check-in on Saturday, December 2, 2017

REGISTRATION DEADLINE: Registration will be taken up to **November 24, 2017**. After this date please call Monique or Paula at 480.820.3774 for space availability.

MAIL/FAX COMPLETED REGISTRATION/PARENT CONSENT FORM AND CHECK

(made out to Sun Devil Gymnastics)

TO:

Sun Devil Gymnastics
50 S. Hearthstone Way
Chandler, AZ 85226
480.820.3774 480.820.4147 Fax
 www.sundevilgymnastics.com

Questions? Call 480.820.3774
E-mail: monique@aspirekidsports.com

Directions to Gym: Going South on 101; Exit Chandler Blvd.; turn right on Chandler Blvd., heading west to 3rd light (Hearthstone Way), turn left and gym is 1 block on right. (1 Block West of the Chandler Fashion Mall)

Official Use Only:	
Date Received: _____	
AMT: _____	CK#: _____