



PIONEER GYMNASTICS

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2017 * GYMNASTICS CAMP * 2017



Pioneer Gymnastics Camp session is August 7th through 11th from 9:00am to 3:00pm. The cost is \$165.00 per gymnast. Each day will include rotations at all four (4) girls' events & six (6) events for the boys. These events include: beams, vaulting, uneven bars and spring floor for the girls. The boys have the pommel horse, rings, even parallel bars, high bar, vaulting and spring floor. Also included will be a 30' Tumbl Trak, dance, strengthening, open gym time, games and so much more.

We want to stress upon each gymnast the safety factors as well as the proper technique in all the skills, strengthening and flexibility on each apparatus. This is to make gymnastics the fun and very challenging sport we all love.

Each gymnast will need to bring his/her own lunch, snack and water bottle. We have a refrigerator / freezer and any lunches or foods that need to be kept cold or frozen. There will be a short snack time in the am, then lunch, then short snack in the pm.

SCHEDULE

WARM - UP AND CONDITIONING
FIRST ROTATION
SECOND ROTATION
GAMES
THIRD ROTATION
LUNCH
ARTS & CRAFTS

OPEN WORK-OUT
FOURTH ROTATION
FIFTH ROTATION
SHORT BREAK
SIXTH ROTATION
STRENGTHENING
DISMISSAL

----- CUT HERE, ATTATCH PAYMENT AND RETURN WITH THIS LOWER PORTION -----

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2017 RECREATIONAL SUMMER CAMP - AUGUST 7th THROUGH AUGUST 11th 2017

Gymnast's Last Name _____ First Name _____ DOB _____

Gymnast's Age _____ Ages 6 (Must have been in the first grade or higher in the 2016-17 Year) Thru age 17

Address _____

Parent's Name _____ Parent's Phone # _____

Relative's / Friend's Name _____ Relative's / Friend's # _____

State Any And All Physical Restrictions, Medical Restrictions, Allergies, Etc. _____

If There Is Any Medication(s) To Be Taken During Camp Time, Please Give Verbal And Written Special Instructions Attached With This Registration Form.

My daughter / son have my permission to participate in the Pioneer Gymnastics Summer Programs. I further release, absolve, indemnify and hold harmless Pioneer Gymnastics and its staff of any bodily injury and / or death that may occur and any type of emergency to my daughter / son during said program.

Parent's Signature _____ Parent's Name (Printed) _____

(My signature shows that I have read, understand and agree to all of the above.) Date _____