

## **Gymnastics Classes**

Ages 2 ½ and up

Junior Gym is a quality gymnastics program, that has been offered in area schools and preschools for over 30 years. Our program is a fun and positive experience, which will teach your child gymnastics and movement basics. We believe it is important to build a sound basis for physical activity in the early years. Gymnastics is a great activity for boys and girls, and our program is designed to improve their gross motor development, coordination, balance, strength, flexibility and body awareness. Activities include:

WARM-UP EXERCISES
OCTAGON MAT \*
BALANCE BEAM

Signature of Parent/Guardian

\* TUMBLING \* CH SOFT STEPS WITH HOOP

CHEESE MAT

HOOPS

MAILBOX MAT

\* FUN TUNNEL MAT PARACHUTE & SCARVES

Date

STRETCHING AND CONDITIONING EXERCISES

To enroll in Junior Gym, please fill out the form below and return it to the school office. Fall classes start the week of August 15<sup>th</sup> with a prorated fee of \$20. Beginning September, the fee is \$40 per month and is due on the 1<sup>st</sup> of each month. After the tenth, the fee is \$45. Please visit our website, jrgymtally.com, to make an online payment. You may also leave a check (made payable to Jr. Gym), money order or cash (clearly marked) at the school. Our 30-minute classes are scheduled one day per week, with four (4) lessons given each month. No special outfits required. Junior Gym t-shirts are available for purchase (\$10). The program is directed by Ashley Peeples. If you have any questions or comments, you can reach Ashley by email at ashley@jrgymtally.com, or call 850-445-1491.

Enjoy the convenience of this quality program brought to your child's school!

## Junior Gym Gymnastics Registration

Child's Name	School		teacher/Class #	
Parent's Names				
Address		Zip Code		
Phone Numbers: Mother	's Cell	Father's Cell_		
Email Address				
Child's Age	Child's Birth Date	<del></del>		
**Jr Gym has my permiss	sion to post photos of my child(re	n) on their website	: Please Circle YES or	NO
Please explain any disab	ilities or health problems your chi	ild has, and any lim	nitations they may impos	e:
orogram. I understand the	has my permis at by participating in this activity, k of any adverse effects on him o	there is a possibilit	y of accidental physical i	