

# GYMNASTIC LESSONS – FALL 2016

Program meets at the Academy gym. Children will work on individual skill development. Parents should know that all events are taught according to appropriate skill progressions. Children are broken into smaller groups and will rotate through each progression. They are lightly spotted at their own skill level to ensure that they learn their own safe limitations on each event. A summary of skill progressions are listed below to give a better idea of what your child will be working to accomplish:

**PRESCHOOL (3&4):** Children learn basics of how to tumble, balance on a beam and swing on low bars. Parents may watch the classes.

**FANTASTIC 4's** Drop off class especially for 4's who are beginning to gain independence from their parents.

**BEGINNER:** Everyone enters at Beginner Level. The basics of gymnastics are taught.

**ADVANCED BEGINNER (USAG PRE LEVEL 1):** Gymnasts enter Advanced Beginner after they master a forward roll to stand, backward straight arm bridge roll to stand, cartwheel and a ¾ handstand.

**INTERMEDIATE (USAG LEVEL 1):** Gymnasts enter Intermediate after they have mastered a handstand, round-off, backward roll to push-up position, standing backbend, and one pull-up with their chin passing above the bar. To advance out of Intermediate and be eligible for the Xcel Team, gymnasts must be able to do a backbend kick-over, handstand forward roll, pull-over mount on bars, back hip circle on bars, three pull ups with chin passing above the bar, and one split. Gymnasts must be tested by the Director to move to Xcel Bronze Intermediate Team.

**TUMBLING:** Basics up through advanced tumbling skills will be taught. **Beginner:** gymnasts must be able to do a vertical handstand, cartwheel, and round-off. Back handsprings will not be taught until a gymnast is able to do a backbend, kick-over and one pull up with chin passing over the bar. **Advanced:** Gymnast must be able to do a pull up with chin passing above the bar and a back handspring. For the safety of gymnasts, no exceptions will made to these requirements.

## REMINDERS

Children will be tested on each skill progression during the last one or two classes. Each child receives a certificate indicating the level they have progressed to so that they know which class to register for the next session. Parents are asked to adhere to the following:

- Children should dress in a leotard or t-shirt & shorts
- **PARENTS MAY STAY IN THE GYM TO WATCH THE FIRST AND FINAL CLASSES ONLY!**
- Children are not allowed on equipment without an Instructor present
- Siblings are not allowed on the floor and/or equipment
- Parents with questions, please direct them to Kathy Johnson, Gymnastics Director after class.

**IF SCHOOL IS CANCELED/DISMISSED EARLY FOR INCLEMENT WEATHER, GYMNASTICS IS CANCELED**

## SESSION RUNS 10-WEEKS AS PER THE FOLLOWING SCHEDULE

LEVEL	DAY	TIME	STARTS	ENDS	CANCELLATIONS
PRESCHOOL (ages 3&4)	Wednesday	3:05-4:05	Sept. 7	Nov. 16	Oct. 12
	Friday	3:05-4:05	Sept. 9	Nov. 18	Nov. 11
FANTASTIC 4's:	Tuesday	3:30-4:30	Sept. 6	Nov. 15	Nov. 8
	Thursday	3:30-4:30	Sept. 8	Nov. 10	
BEGINNER & ADV. BEGINNER	Tuesday	3:30-4:30	Sept. 6	Nov. 15	Nov. 8
	Thursday	3:30-4:30	Sept. 8	Nov. 10	
INTERMEDIATE	Tuesday	4:35-5:35	Sept. 6	Nov. 15	Nov. 8
	Wednesday	4:10-5:10	Sept. 7	Nov. 16	Oct. 12
	Wednesday	5:15-6:15	Sept. 7	Nov. 16	Oct. 12
	Thursday	4:35-5:35	Sept. 8	Nov. 10	
	Friday	4:10-5:15	Sept. 9	Nov. 18	Nov. 11
	Friday	5:15-6:15	Sept. 9	Nov. 18	Nov. 11
ALL LEVELS:	Tuesday	4:35-5:35	Sept. 6	Nov. 15	Nov. 8
	Wednesday	4:10-5:10	Sept. 7	Nov. 16	Oct. 12
	Wednesday	5:15-6:15	Sept. 7	Nov. 16	Oct. 12
	Thursday	4:35-5:35	Sept. 8	Nov. 10	
	Friday	4:10-5:15	Sept. 9	Nov. 18	Nov. 11
	Friday	5:15-6:15	Sept. 9	Nov. 18	Nov. 11
TUMBLING (Beginner)	Monday	4:00-5:00	Sept. 12	Nov. 28	Sept. 5, Oct. 3, Oc. 10
TUMBLING (Beginner/Advanced)	Friday	6:15-7:15	Sept. 9	Nov. 18	Nov. 11

**GLASTONBURY PARKS & RECREATION GYMNASTICS PROGRAM**

**CHILD INFORMATION/EMERGENCY CONSENT FORM**

In the event of an emergency, the following information will provide Gymnastics Staff with the information needed to care for your child. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Please check off the session the child is attending: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian(s) and where they may be **REACHED** by phone in case of a problem/emergency.

1) Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
2) Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**OTHER CONTACT(S)**

I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**SPECIAL NEEDS** In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION** If your child is on medication or requires medication in the event of an emergency (asthma etc.) you must obtain and complete an Authorization For The Administration of Medication form from the Parks and Recreation Office prior to the start of the program.

Known Medical Conditions/Allergies \_\_\_\_\_

Medication to be Administered \_\_\_\_\_

**EMERGENCY INFORMATION**

If in the opinion of the Gymnastics Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport. If the situation permits, I prefer one of the following hospitals:

\_\_\_\_\_  
If the situation permits, I prefer one of the following physicians:

\_\_\_\_\_  
I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ during my absence while my child is under the care of the Glastonbury Parks and Recreation Department Gymnastics program. I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_