Quarry Gymnastics

CLASSES OFFERED & COST 2025/2026

AGE & PLACEMENT

Girls/Boys ages 4-17. Children must be independent and potty-trained. Girls and boys will be scheduled in the same classes based on ability, age, grade, other activities and their desire to learn. If a child is not being challenged he/she will be moved into a more appropriate class to suit his/her abilities. The Quarry is a positive place for children of all ages. If your child attends class and is crying or does not want to leave the parents, then it would be best to wait until they get a little older to attend. The Quarry is a no tears, no pressure and excited to be at class atmosphere.

An annual $15.00 Registration fee applies per family

Gymnastics Class

1 day per week consisting of basic motor–muscular development in strength, flexibility and coordination. Instruction consists of floor, balance beam, uneven bars, vault, trampoline, resi- pits, foam pits, and many other activities. Gymnastics class days & times vary between Tuesdays and Wednesdays

Monthly: 1 child- $80.00 *2 children- $155.00 *3 children- $230.00

*This discount applies only to siblings (brothers/sisters). No other discounts apply.

GymNinja

This is an exciting new class teaching boys and girls new skills. We will be using gender appropriate training, mixing basic martial arts, gymnastics and Parkour. Skills will include eye-hand coordination, target and drill kicking/punching, obstacle course training, jumping, climbing and running. Flexibility and strength development using gymnastics techniques will be included in each class. Tuesdays 7:15-8:15 or Wednesdays 4:00-5:00

Monthly: 1 child- $80.00 *2 children- $155.00 *3 children- $230.00

*This discount applies only to siblings (brothers/sisters). No other discounts apply.

DISCOUNTS:

Sibling or Multi-Class

The sibling discount only applies to brothers/sisters.

Multi class can be used if wanting to attend more than one class (ie: 1 day gymnastics and 1 day GymNinja)

Paying for the Year (September – May) - Must be paid in September

Example: (1) Child = $80 X 9 Months = $720 - $25 (flat fee for paying for the year) - $15 (No registration fee) = **$680**
Example: (2) Children = $155 X 9 Months = $1,395 - $25 (flat fee for paying for the year) - $15 (No registration fee) = **$1,355**
Example: (3) Children = $230 X 9 Months = $2,070 - $25 (flat fee for paying for the year) - $15 (No registration fee) = **$2,030**

To be eligible for this discount, full payment must be sent with your registration form.

No refunds after October 1st, 2025

No class credit for classes missed.

Cash, check or Venmo @Lisa-LaBrascabecker will be accepted.

Use appropriate form below No other discount may apply

The payment policy for the Quarry is as follows:

Monthly payments are counted for the entire month, regardless of how many classes you can or cannot attend, or by the number of classes in that month. Some months have four or five classes and others have three, both will be charged as a monthly payment. NO paying by the class, NO refunds or discounts for classes missed, NO makeup classes Absence of consecutive classes and skipped monthly payment will forfeit your reserved space in class.

FLIP ME ..... Registration is on the back of this form ----------→

Quarry Gymnastics

206 Quarry Avenue
DuBois, PA 15801
www.quarrygymnasticscenter.com

2025-2026 REGISTRATION FORM
Please return as soon as possible

Classes fill up quickly, Do not wait! Forms are needed to schedule a class. Fall classes begin the first week of September

Class times & days change yearly. Class assignments cannot be given until information and payments are received.
After all of your information is received a scheduled day and time will be mailed to you by August 31st, 2025
If there's a scheduling conflict and a proper class cannot be assigned, all payments will be returned by October 1st, 2025
There's no guarantee accommodating your request. Age, ability and interests will determine the class assignment.

- **Approximate time frame that works best** _____ **Anytime** ☐
  First class begins at 4:00pm
- **On Gymnastics/GymNinja days you may have to pick your child up at school and bring them directly to class. Riding a bus home delays your class times and interferes with other school activities.**

- **What day works best: TUESDAY** ☐ **WEDNESDAY** ☐ **Any day** ☐

Student Name _____ Grade_____ Age_____

School they attend_____ School dismissal time_____

List a day or time that is ***NOT*** good… A conflicting activity (i.e.; Church, youth group, scouts, etc.)
We will do our best to schedule your request but due to the limited classes, your other activities may have to be flexible as well.

PLEASE ✔ THE PROPER CLASS.

☐ **Gymnastics Class** ☐ **GymNinja** ☐ **Both**

TO REGISTER FOR CLASSES
PLEASE RETURN **ALL** OF THE FOLLOWING
$15.00 Registration fee per family
✔ *Checklist for your convenience*

☐ **(ORANGE)** **This Registration form.**

☐ **(WHITE)** **Participant form and Waiver** (Must be completely filled out.)

Choose one of the following payment options

☐ **$95** First month's payment of $80 + $15 registration fee you will receive a payment book

☐ **$170** Sibling 2 Children or 1 Child 2 classes per week monthly $155 + $15 registration fee

☐ **$245** Sibling 3 Children or 1 child 3 classes per week monthly $230 + $15 registration fee

☐ **$_____** 9 months **(Sept 2025 – May 2026)**

Cash, check or Venmo @Lisa-LaBrascabecker will be accepted
Mail to: The Quarry 206 Quarry Ave DuBois, PA 15801

THE QUARRY GYMNASTICS CENTER, INC.
206 Quarry Avenue, DuBois, Pa. 15801
LIABILITY WAIVER, PHOTE RELEASE MEDICAL AUTHORIZATION
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
Parent or guardian must sign this form
25/26

Child's Name_____

Parents _____

Address _____City_____Zip_____

Age and Birthday_____

Phone Number sand Names of Emergency contacts _____

_____

LIABILITY WAIVER, PHOTE RELEASE MEDICAL AUTHORIZATION
ASSUMPTION OF RISK.

I am aware that in addition to the usual dangers and risk inherent in the sport of gymnastics and Trampoline, certain additional dangers and risks are present when using The Quarry Gymnastics Center, Inc. Facilities, Gymnastics Equipment and Trampoline, Including , but not limited to, the danger and risk of falling, landing performing tricks and colliding with other gymnast staff media personnel and spectators, By signing this waiver, I freely except and fully assume responsibility for all such dangers and risk and the possibility of personal injury, death, property damage or loss resulting there from. In consideration of utilizing The Quarry Gymnastics Center, Inc. Facilities, Gymnastics Equipment, and Trampolines and for other good and valuable consideration, I hereby agree as follows:

1. **TO WAIVE AN AND ALL CLAIMS** for personal injury and /or property damage that I may have against The Quarry Gymnastics Center, Inc. And It's directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with The Quarry Gymnastics Center, Inc. All of whom are hereinafter collectively referred to as "The Releases"

2. **TO RELEASE THE RELEASES FORM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expenses that I may suffer or that my next of kin may suffer as a result of use of The Quarry Gymnastics Center, Inc. Equipment and Trampoline or in my palpation in the sport at Gymnastics/Trampoline due to any cause whatsoever.

3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASES** from any and all liability for any property damage on personal injury to any third party, resulting from the use of The Quarry Gymnastics Center, Inc. Equipment and Trampoline or by any participation in the sport of Gymnastics/Trampoline.

4. **THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heir, next of kin, executors, administrators, and assign in the event of my injury or death.

5. **I ADDITIONALLY AGREE** not to take unreasonable risk while participating in Gymnastics and Trampoline, including but not limited to attempting skills or tricks that I am qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.

6. **I ADDITIONALLY AGREE** that I shall follow correct safety procedures when using The Quarry Gymnastics, Inc. Equipment and Trampoline. I understand the retains the right to use any photographs, video-tapes, motions, pictures recordings or any other record of this event for publicity, advertising, or any legitimate purpose.

7. **I HEREBY CERTIFY THAT** I am eighteen (18) years of age or more. I am covered by my own insurance, and that I have read and understand this Release of Liability prior to signing it, and I am aware by signing this Release of Liability I am voiding certain legal rights which I or my heirs, next of kin executors administrators and assigns may have against the Releases.

8. **COVID-19 WARNING** – We have taken enhanced health and safety measures. By visiting and participating you voluntarily assume all risk related to exposure to COVID-19 and other contagions.

PARTICIPANT INFORMATION

Participant's Name

_____

MEDICAL & INSURANCE INFORMATION

Insurance Company_____

List any Medications Currently Taking_____

Allergies _____

MEDICAL TREATMENT AUTHORIZATION & LIABILITY RELEASE

Guardian or I the undersigned parent do hereby grant permission for the above named participant to Attend the listed Quarry Gymnastics Center, Inc. I also authorize any necessary treatment by a qualified physician for my daughter/son which they may sustain while at practice/ training. I would like them taken to a hospital for medical treatment, and hold The Quarry Gymnastics Center, Inc. and it's representative harmless in their execution of this authority.

I further released The Quarry Gymnastics Center, Inc. and representatives from any claims for injury or illness may be sustained as a result of their participation in this event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain physical illness or injury in connection with his or her participation. I further understand and acknowledge that my daughter/son assume the full risk of physical injury by their participation and I further release the event location, The Quarry Gymnastics Center, Inc. As well as its representatives, from any claim for personal injury of illness that they may sustain during practice or training.

I understand and will be responsible for any medical bills that may by incurred on behalf of my daughter or son for physical illness or injury they may sustain during the practices / training. The Quarry Gymnastics Center, Inc. Reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility. I have read the above statement and agree in full to it's content. A medical release & Insurance form signed by a parent or guardian in order for your child to participant. Each student is also required to have their own medical insurance coverage. Any expense arising from injury or illness will be the primary responsibility of the parent or guardian's medical coverage.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

Parent/legal Guardian Signature _____Date_____

Phone Number _____