



206 Quarry Avenue
DuBois, PA 15801
814-371-7159

www.quarrygymnasticscenter.com

SUMMER GYMNASTICS 2023 Classes begin **JUNE 6th**

THE QUARRY WILL ONLY BE OPEN ON TUESDAYS

June 6th – July 25th

The Quarry Gym will be closed July 4th

SUMMER SCHEDULE AND PROGRAMS 2023

This past season The Quarry Gymnastics Center students have reached their goals like no other group before. In order to promote their continued successes and training, The Quarry has been working on a new, improved and very *flexible* summer gymnastics schedule. **NO need to sign up for class, you have the schedule just attend the appropriate class.** All NEW students need to return waivers. Each class \$20. Pay as you go, attend as many as you like. The Quarry Gymnastics Center, Inc. has taken enhanced health and safety measures. By visiting and/or participating you voluntarily assume all risk related to exposure to COVID-19.

Gymnastics

Ages 4 to 7

(Morning) Tuesday: 9AM-10AM

(Evening) Tuesdays: 5PM-6PM

- **CHILD MUST BE TOTALLY INDEPENDENT** (potty trained and going to the bathroom by themselves)
- Gymnastics instruction and body awareness development for pre-school age children.
- Introduction to all gymnastics apparatus that is pre-school appropriate.
\$20 per 60 min class

Ages 8 and Up

(Morning) Tuesday: 10:10AM-11:10AM

(Evening) Tuesdays: 6:10PM-7:10PM

- Gymnastics instruction and body awareness development. Involves 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.
\$20 per 60 min class

GymNinja

Ages 5 and Up

Tuesday Morning 11:15AM-12:15PM

- 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.
\$20 per 60 min class

THE QUARRY GYMNASTICS CENTER, INC.

206 Quarry Avenue, Dubois, Pa. 15801

LIABILITY WAIVER, PHOTO 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
2024

Child's Name _____

Parents _____

Address _____

City _____

Zip _____

Age and Birthday _____

Phone Number and Names of Emergency contacts: _____

**LIABILITY WAIVER, PHOTO 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 FROM 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. 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 be 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 participate. 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 _____