

BLOOMINGDALE GYMNASTICS CLINIC

Sun., Oct. 3, 2010

NAME _____ HEIGHT _____ AGE/B-DAY _____

PHONE _____ TEAM _____ COACH _____

FEE: \$50.00 DEADLINE: Sept. 21st. No t-shirts will be ordered after 9/21.

T-SHIRT SIZE: (please circle one) YL AS AM AL AXL

GYMNASTIC LEVEL:

Compulsory ~ Level 4 Level 5 Level 6 Optionals - Jr. Bronze Bronze Silver Gold
High School ~ JV Varsity

COMPLETE FORM: Check "X" skills completed without spot, put "S" for working on skill with a spot, and "N" for never tried. Must be returned and signed in order to participate.

TUMBLING SKILLS

Back Tumbling:

B. walkover _____ 3 + flip flops series _____ Back salto _____ Full + 1/2 _____
B. ext. roll _____ RO flip flop _____ Back 1/2 _____ Bounders _____
Stand flip flops _____ Standing back _____ Full _____
Alternates _____

Branis _____

Front Tumbling:

F. walkover _____ F. Handspring _____ Flyspring Front _____ Front 1/2 _____
Aerial Cartwheel _____ F. Hdsp. Front _____ Punch Front _____ Front Full _____
Aerial Walkover _____ Flyspring _____ Front Front _____ Arabian Front _____

BAR SKILLS

Glide Kip LB _____ Long hang pullover _____ Clear hip Hdst _____ Sole bail _____
Back hip circle _____ Long hand kip HB _____ Giant _____ Straddle Cut _____
Front hip circle _____ Long uprise _____ Straddle back _____ Fly away _____
Sole Circle _____ Handstand _____ Cast bail to Hdst. _____ Fly away w/twist _____

BEAM SKILLS

Skills:

Cartwheel _____ Back walkover _____ Round off _____ Back Hdsp. Series _____
Handstand _____ Valdez _____ Front Hdsp. _____ Aerial Cartwheel _____
Handstand roll _____ Front walkover _____ Back Hdsp. _____ Standing Back _____

Dance:

180 split leap _____ Straddle jump _____ Wolf jump _____
Switch leap _____ Pike jump _____ Twisting jumps _____

Dismounts:

Brani _____ Front _____ Back _____ Flip flop back _____
Brani 1/2 _____ Front 1/2 _____ Back 1/2 _____ RO back _____

VAULT SKILLS

Handspring _____ 1/2 handspring _____ 1/2on 1/1 off _____ Tsuk (into pit) _____
Handspring 1/2 _____ 1/2 on 1/2 off _____ Tsuk (timers) _____ Yerchenko _____
Handspring full _____

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GENERAL INFORMATION

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CLINIC DATE: Sun., Oct. 3, 2010
CHECK IN: 8:00AM - 8:30AM
CLINIC BEGINS: 8:30AM
CLINIC ENDS 3:00PM

PLACE:
Bloomingtondale Pk. Dist.
172 So. Circle Ave.
Bloomingtondale, IL
60108

COST: \$50.00 per gymnast (includes T-shirt if registered before Sept. 21st)

SPACES ARE LIMITED ON A FIRST-COME FIRST-SERVE BASIS. ***NO refunds*** will be given after Sept. 21st without a doctor's note. Spaces reserved for registration received by Sept. 21st on a first-come first-serve basis up through 60 participants. After this date call to see if there are still spaces available: (630) 529-3650.

LUNCH: Bring your own lunch. Free can of pop will be provided at this time. Some snack items will be for sale.

GYMNASTICS ITEMS FOR SALE AT THE CLINIC.

Either have your coach mail in the Registration and Fee or mail it yourself to:

Jo Witucki
172 So. Circle Ave.
Bloomingtondale, IL 60108.

If you have any questions please see your coach. PLEASE FILL OUT REGISTRATION FORM COMPLETELY.

Fee: Payable to Bloomingtondale Park District

Gymnastics signing up before Sept. 21st will receive a free T-shirt. No T-shirts for sale at the clinic unless pre-ordered. For those registering after Sept. 21st, ***will not*** receive a T-Shirt.

Parent / Child Release

My child has permission to participate in the **Bloomingtondale Gymnastics Clinic** on Oct. 3rd being held at the Bloomingtondale Park District in Bloomingtondale. We assume the normal risk of the sport of gymnastics realizing it could result in serious injury. We do not hold the Bloomingtondale Park District or clinic coaches liable for medical treatment or compensation in the event of an injury. We also do not hold the names mentioned above for items that are lost or stolen.

Name of Emergency contact person _____

Phone #_(home)_____ (cell)_____

List any medical problems we should be aware of in case emergency treatment is necessary:

911 will be called in for serious injuries reaching our local service

Name of family physician _____ Phone# _____

Location _____

parent signature

date

