



# LOS ALAMOS SCHOOL OF GYMNASTICS

Over 45 years serving Los Alamos & surrounding communities

555 North Mesa Rd., Los Alamos, NM 87544  
505-662-9523

<https://www.losalamoschoolofgymnastics.org>  
[LosAlamosSchoolOfGymnastics@gmail.com](mailto:LosAlamosSchoolOfGymnastics@gmail.com)

Dear Parents:

Welcome to Los Alamos School of Gymnastics (LASG)!  
Our philosophy is one of learning through fun.

Some things you can expect from us:

1. Safety first, second and always.
2. We will always be professional with your children and show them courtesy.
3. We will discipline only when necessary – we prefer to motivate.
4. Your children will LEARN in a fun environment.

Some things we will expect from you and your children:

1. They will attend only when healthy enough to participate.
2. They will come prepared, so bring or wear clothing suitable for gymnastics – loose or stretchy enough to allow freedom of movement, tight enough that it does not catch on equipment or interfere with spotters. Jeans or pants with buttons and zippers in front damage equipment, are uncomfortable or painful, and will not be allowed during gymnastics classes.
3. They will NOT enter the gym with gum or jewelry. No jewelry of any kind, including studs or other kinds of earrings, necklaces, bracelets, rings or any piercing jewelry will be allowed in the gym. This includes newly pierced ears. If a child arrives with jewelry, she/he will be asked to remove it and place it in a backpack, etc. This is both a safety and a liability issue. Please refer to the “no-jewelry” policy posted on the bulletin board.
4. You will pick up your children within 10 minutes of the end of class. After that time, a late fee of \$5 for every 15 minutes after class ends or any portion thereof will be charged. NO EXCEPTIONS!
5. Please bring any problems or questions to me as soon as possible so that we can address them in a positive way.
6. You are welcome to watch your child’s gymnastics class from the balcony, but should not interfere with the instruction or discipline. Interfering undermines the instructor’s authority and ability to teach, and creates safety issues.
7. Payments will be made by the 5<sup>th</sup> day of the session to avoid late fees. No refunds are given.

Finally, we reserve the right to refuse registration and/or discontinue such to any child who is a behavior or safety problem for the instructors.

Thank you for the opportunity to work with your children.

*Louise (Loui) Janecky*

*LASG Program Director & Head Coach, BS (Ph.Ed), MA Ed.*

*Cell 699-0523*

*Email [lasg.janecky@gmail.com](mailto:lasg.janecky@gmail.com)*

# LOS ALAMOS SCHOOL OF GYMNASTICS

## Mission Statement

The object and purpose of this corporation is to promote well-rounded gymnastics programs through planned teaching and conditioning.

## Statement of Philosophy

**Safety is first priority.** Since safety comes first, all skills are taught in progression without skipping steps. Do not expect to start learning flips right away!

**Fun is second priority.** At LASG, we believe learning takes place best in a stress-free, fun environment.

**Skill attainment is third priority.** We like to see children advance and learn new skills. A record of each student's skill attainment is kept and they advance through the different levels through skill accomplishment.

Los Alamos School of Gymnastics (LASG) is a "Member Club" of USA Gymnastics (USAG) and totally supports the USAG philosophy of "Athletes First, Winning Second". We teach gymnasts (children) not gymnastics (the sport).

At LASG, we believe learning takes place best in a stress-free, fun environment. For this reason, we coach with a positive approach, rewarding performances not outcomes, and efforts on the way to success. We believe that mistakes are a natural part of the learning process not "failure." We believe that success must be seen in terms of athletes improving, and exceeding their own goals, and not in terms of surpassing the performances of others. Therefore, to ensure a reasonable degree of success, one must set realistic goals. For this reason, our staff makes it their responsibility to help gymnasts set realistic goals and expectations.

Athletics should teach one to cope with pressures, adapt to changing situations, exhibit discipline and maintain concentration. Contests are periodic tests along the way, which need to be kept in just that perspective. We do not expect perfection or even near perfection in competition. It is the nature of the young gymnast to be inconsistent. It is also the nature of the young to want new challenges and to continue progressing. We will advise gymnasts of the level at which they could work and compete, but once the criteria have been met, the ultimate decision rests with the gymnast and parents. As the great Vince Lombardi said (though he is often misquoted): "... winning isn't everything, but striving to win is ..."

**LOS ALAMOS SCHOOL OF GYMNASTICS**  
**2023-2024**

Thank you for your inquiries about our programs at the Los Alamos School of Gymnastics. Enclosed please find registration forms, which may be returned to the School at 555 North Mesa Road, Los Alamos, NM 87544.

To register for regular fall gymnastics classes complete:

- Current Registration Form
- Medical History Form (including waiver on back)
- Volunteer Form (if not completed you will be charged monthly)
- Consent to Use Photos, Videos, and Images Form
- Deposit: The membership fee (which is an upfront cost that covers your share of the General Liability Policy), and the first month's tuition, is due upon registration. We accept checks and cash for payment (we do not accept credit cards).

Deposit checks should be made payable to the Los Alamos School of Gymnastics or LASG. **Registration is not complete and space is not reserved unless account is current, membership is paid, and the first month's tuition is included.** Once registration is complete you will be charged for classes at the beginning of each session, (monthly) through May. To stop tuition charges you must fill out and turn in a drop notice **in writing** prior to the first day of the session you wish to drop classes. You may also e-mail drop notices to [lasg.janecky@gmail.com](mailto:lasg.janecky@gmail.com)

If you have questions, please call the School at 662-9523 between 3:30 and 7:00 p.m.  
thank you, LASG Staff and Board

**RATE SCHEDULE – 2022-2023 (per 4 week session)**

Mommy & Me or Pre-School	\$65
Pre-School	\$68
Kindergarten Rec	\$72
Recreational 1/week	\$78
Recreational 2/week	\$130
Competitive Teams 2/week [Bronze & Level 3]	\$165
Competitive Teams 3/week [Silver, Gold & Level 4]	\$190
Competitive Teams 4/week [Platinum/Diamond & Level 5/6/7]	\$220

After School Program (school release to 6pm)

choose: Mon, Tue, Thu, Fri with Instructional Class

1x per week	\$90
2X per week	\$160
3x per week	\$210
4x per week	\$250

Wednesday After School Program (school release to 6pm) Instruction Class & Alternate Activities	\$160
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10% multiple child discount applies on 2<sup>nd</sup> and more children - no credits - no partial classes

# LOS ALAMOS SCHOOL OF GYMNASTICS

## STATEMENT OF TUITION POLICY

**Tuition fees** for LASG are given in the schedule (on reverse). Tuition fees cover the School's operating expenses, including instruction, building expenses, and utilities. Tuition fees are payable monthly (prior to the 5<sup>th</sup> calendar day of the session). You will receive a statement for your tax purposes, this statement is a courtesy, and your payment is due by the 5<sup>th</sup> calendar day of the session; regardless of when you receive the statement. We do not bill. Payments may be deposited in the box at LASG or mailed to LASG, 555 N. Mesa Rd. **Once registration is completed you will be charged for classes each session (monthly) through May.** To stop tuition charges you must fill out and turn in a drop notice in writing or to the gym by email prior to the first day of the session you wish to drop classes.

**Volunteer fees or work hours** also apply per session. Students in classes meeting more than once a week, or any of the after-school programs, will be assessed 2 hours or \$50/session (month) in work requirement. Students in classes meeting 1 time/week will be assessed 1 hour or \$25/session (month). Only one fee is assessed per family/month at the rate of their highest level gymnast. Once registration is completed, hours will be assessed through May or until the first day of the session for which prior written notification is received that classes are being dropped.

**The annual membership fee** is \$65, for those who attend more than once/week and those in the full or half-day program, or \$35 for Mom & Me, Preschool, and for 1/week Recreational and Kinder-Rec gymnasts. Membership fee is payable June 1<sup>st</sup> or at first registration thereafter, for the period June 1, 2023 through May 30, 2024. It covers the School's liability insurance, USA Gymnastics club membership, as well as newsletters, copying and postage. A USAG athletic membership fee is also required for gymnasts competing in USAG-sanctioned meets, (in addition to entry fees & coaching fees that are charged for meets).

A gymnast will be charged for, and expected to pay for, all classes/sessions/days for which she/he is registered, **regardless of attendance**. Classes missed are not eligible for make-ups. Exceptions to this policy require **prior** approval from the Head Coach and notice to the bookkeeper.

The Los Alamos School of Gymnastics **reserves the right to exclude** from classes and/or meets any gymnast **whose payments are substantially or habitually in arrears. We also reserve the right to refuse service to ill-behaved or rude children and parents.**

The Los Alamos School of Gymnastics is an IRS registered 501c3 non-profit charitable organization and accepts tax-deductible donations

# LOS ALAMOS SCHOOL OF GYMNASTICS

## 2023-2024 REGISTRATION

(Complete a separate registration form for each gymnast. Please print)

Gymnast – First & Last Name: \_\_\_\_\_

Gymnast -- Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

*Street, City, State, Zip code*

Phones: home \_\_\_\_\_ cell \_\_\_\_\_

Work Phones - Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

E-mail addresses: \_\_\_\_\_

### Volunteer:

(select) *“I will log my time appropriately”* or *“please charge monthly”*

### Membership

First Class Date This Session: \_\_\_\_\_ School: \_\_\_\_\_  
Attending (LAPS)

Please Indicate the classes and day(s)/time(s) for which the gymnast is registering:

Class/Level \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_  
\_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

### Notes:

- 1) Scheduled times are in the latest LASG Newsletters and on the bulletin board.  
Call the gym (662-9523) for more information.  
General information is also on the web site [www.losalamosschoolofgymnastics.org](http://www.losalamosschoolofgymnastics.org)
- 2) Mommy & Me classes are open to 3-year olds accompanied by an adult (and accompanied 2-year olds at the discretion of the instructor). Pre-School classes are open to 4-year olds and to experienced 3-year olds with the approval of the Pre-school instructor and Head Coach/Program Director.
- 3) The approval of the Team Coach is required for enrollment in classes at the competitive level.
- 4) Additional sections of preschool and recreational classes can be formed with an enrollment of four or more students. Classes with less than four students will be dropped.

## Enrollment Contract (legally binding)

I understand that the annual membership fee is \$\_\_\_\_\_, and that the work fee per session is \$\_\_\_\_\_ (unless I work and record equivalent work hours). I agree to pay \$\_\_\_\_\_ per month tuition fees until I notify, in writing, the instructor/coach **and the bookkeeper** at LASG to remove my child's name from the active roll sheet. My signature below also indicates that I have read the statement of tuition policy and the rate schedule, and agree to the terms stated therein. I further understand that I will be billed collection fees for failure to pay and late fees for late payments.

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# LOS ALAMOS SCHOOL OF GYMNASTICS

## Volunteer Work Form

Gymnast: \_\_\_\_\_ *Level:* \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
email: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Work requirements at LASG are 1 hour (or \$25) per session for 1x/week attendance and 2 hours (or \$50) per session for multiple x/week attendance and after school programs. This requirement may be fulfilled by volunteer work assignments or by payment. Work credits are carried on account until used, for an indefinite period of time. Payments for unfulfilled hours are due at the end of each semester. If the job requested is filled, you will be assigned another. **If you are not called by the volunteer coordinator it is your responsibility to talk to the Program Director to obtain a task. All tasks must be approved prior to working to receive credit. Please see the bulletin board for task listings and descriptions.**

\_\_\_\_\_ **I wish to pay for my work requirement and be charged each session (monthly).**

\_\_\_\_\_ **I wish to volunteer in the following areas** (please check a minimum of two different areas).  
Hours not worked will be charged at the end of each semester.

### Housekeeping – each session

- \_\_\_ Kitchen – cleaning of refrigerators and microwaves, kitchen sink, counters & floors with disinfectant
- \_\_\_ East Balcony – cleaning bleachers, tables, chairs, and balcony floor with disinfectant
- \_\_\_ Bathrooms – cleaning of bathrooms, fixtures, floors with disinfectant and restock paper prods.
- \_\_\_ Mats – cleaning mats, with disinfectant and sponge mop (cannot be done 3-7pm)
- \_\_\_ Vacuum – cleaning gymnastics floor areas and vacuuming (cannot be done 3-7pm)

### Maintenance

- \_\_\_ Work Days
- \_\_\_ Building and equipment maintenance (Replace light bulbs, fix things etc.)
- \_\_\_ Grounds work, (mowing weed-whacking, ice removal).
- \_\_\_ Plumbing Work \_\_\_\_\_ Electrical Work
- \_\_\_ Carpentry Work \_\_\_\_\_ Painting
- \_\_\_ Sewing – mat cover mending and replacing

### Gymnastic Meet Work

- \_\_\_ During meet (score keeping, door collections, concessions)
- \_\_\_ Preparation baked goods (reserved for Mom & Me and Preschool Parents, only they may check.)

\_\_\_\_\_ I am willing to serve on the Board (2-year appointment: 2-hour work credit/month)

I have the following special skill(s) that I am willing to contribute:

\_\_\_\_\_

Parents signature \_\_\_\_\_ Date \_\_\_\_\_

**LOS ALAMOS SCHOOL OF GYMNASTICS  
MEDICAL HISTORY & CONSENT FORM – 2022-2023**

*(Complete a separate medical history form for each gymnast. Please print.)*

Gymnast's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Father's address \_\_\_\_\_ Mother's address \_\_\_\_\_

Father's home phone \_\_\_\_\_ Mother's home phone \_\_\_\_\_

Father's work phone \_\_\_\_\_ Mother's work phone \_\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Does the gymnast take any medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does the gymnast wear contacts? \_\_\_\_\_

Does the gymnast have any allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_

Has the gymnast ever had a broken bone or concussion? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does the gymnast have any illness or condition that the coaches should be aware of? (For example, scoliosis, asthma, epilepsy, diabetes, heart murmur)

**PARTICIPATION CONSENT**

I hereby give permission for my daughter/son/ward to participate in the Los Alamos School of Gymnastics program. I assure that she/he is in satisfactory health to participate in strenuous activity. I authorize the LASG staff to procure immediate medical and/or hospital aid should she/he become injured or seriously ill, and in the event that I cannot be reached, appropriate aid may be given. I further accept the responsibility to update this form when circumstances or health changes.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**USA GYMNASTICS**

**MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT**

In CONSIDERATION of membership in the USA Gymnastics, hereinafter referred to as the "USAG", and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any USAG and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USAG Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that:
  - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
  - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others; and
  - d. There may be other risks not known to us or not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the USAG, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USAG and/or its member clubs

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

\_\_\_\_\_ DATE  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_ DATE  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_ DATE  
WITNESS

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Member Institution Los Alamos School of Gymnastics

555 North Mesa Road City Los Alamos, NM

**All levels must sign this form for insurance purposes!**





### Consent to Use Photos, Videos, and Images of Me

I participate in USA Gymnastics sanctioned competitions, camps, or other events (collectively “USA Gymnastics Events”). I understand that USA Gymnastics, or its designee, wants to film, record, or photograph me at USA Gymnastics Events (the “Recordings”). I further understand that USA Gymnastics wants to use the Recordings, including my image and likeness (the “Likeness”), for its own content and publications, which may include, but are not limited to, print, online content, social media content, educational materials, marketing materials, and non- marketing materials (the “Publications”). By signing this Consent, I give USA Gymnastics permission to use the Recordings and my Likeness in USA Gymnastics’ Publications.

I grant USA Gymnastics a worldwide, non-exclusive, royalty-free, license to use the Recordings and my Likeness in USA Gymnastics’ Publications. This license shall continue unless and until I expressly revoke it in a signed writing that USA Gymnastics actually receives. I understand and agree that, if I revoke this license, USA Gymnastics will not use the Recordings and my Likeness in future Publications. However, USA Gymnastics can continue to use the Recordings and my Likeness in Publications created before I revoked the license.

I am voluntarily signing this Consent. I understand and agree that I will not receive any financial compensation of any kind for USA Gymnastics’ use of the Recordings and my Likeness. I release USA Gymnastics, its employees, contractors, Directors, and Officers, and anyone else involved in the creation of the Publications from all liability for any claims by me or anyone else in connection with the Recordings and my Likeness.

I agree to this Consent to Use Photos, Videos, and Images of:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Consent for Minor Child’s Content:

I am the parent or legal guardian of the minor named above, and I have legal authority to sign this Consent for him or her. I have read and fully understand this Consent, and I agree to it.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OPT OUT: I do not consent to the above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## COVID-19 Medical Release Form

Los Alamos School of Gymnastics programs are operating in a social distancing environment but even with best efforts and intentions there will be times when the children will breach the prescribed (currently 6') distancing recommendation, and incidental contact may occur.

In addition, our teaching and coaching staff will spot (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary to teach skills safely, to help athletes perform skills correctly, and to prevent injury.

Direct assistance will also be provided in the event of an injury.

I understand and agree that spotting will be part of the learning process at Los Alamos School of Gymnastics and I agree to permit my child's teacher and/or coach to physically assist my child when needed.

## COVID-19 Wellness Form

I understand that no one is allowed into the facility that has exhibited COVID-19 symptoms within the last 48 hours.

I understand that no one is allowed into the facility that has someone living in their household that has symptoms or had a positive test for COVID-19, until after the mandatory 7-day quarantine period.

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

**All participants must have a signed copy of this form on file for insurance purposes!**

**Adults, who are not fully vaccinated,  
will be required to wear a mask inside the facility.**