



LOS ALAMOS SCHOOL OF GYMNASTICS

Over 40 years serving Los Alamos & surrounding communities

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

<http://www.lagymnastics.net>
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 5th 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

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
FALL/WINTER/SPRING 2019-2020

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)
- 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

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- 2019-2020 (per 4 week session)

Mommy & Me or Pre-School	\$58
Kindergarten Rec	\$60
Recreational 1/week	\$70
Recreational 2/week	\$100
Competitive Teams 2/week [Bronze & Level 3]	\$130
Competitive Teams 3/week [Silver, Gold & Level 4]	\$165
Competitive Teams 4/week [Platinum/Diamond & Level 5/6/7]	\$185
After School Program with Gymnastics Instructional Classes	
1x per week choose days (Mon/Tue/Thu/Fri)	\$80
2X per week choose days (Mon/Tue/Thu/Fri)	\$150
After School Program with Gymnastics Instructional Classes (2x per week) and alternate gymnastics activities on other days	
3x per week choose days (Mon/Tue/Thu/Fri)	\$175
4x per week (Mon/Tue/Thu/Fri)	\$195
Wednesday After School Program	\$125

10% multiple child discount applies on 2nd 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 5th 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 5th 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 \$30/session (month) in work requirement. Students in classes meeting 1 time/week will be assessed 1 hour or \$15/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 \$60, for those who attend more than once/week and those in the Wednesday After School program, or \$30 for Mom & Me and Preschool, and for 1 x/week Recreational and Kinder-Rec gymnasts. This is payable annually in June or at first registration thereafter, for the period June 1, 2018 through May 30, 2019. 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

FALL/WINTER/SPRING – 2019-2020 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.lagymnastics.net
- 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 \$15) per session for 1x/week attendance and 2 hours (or \$30) 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 job. All jobs must be approved prior to working to receive credit. Please see the bulletin board for job 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.

A. Gymnastic Meet Work

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

B. 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)

C. 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

D. ___ Telephoning for show and meet reminders, or administrative activities.

E. ___ Arts & Crafts for meets or sewing

F. ___ 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 – FALL/WINTER/SPRING – 2019-2020

(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

PHOTO CONSENT

I understand that my child's picture (single or in a group) could be used in advertising, on the web site, or posted on the bulletin board. LASG tries not to use easily identifiable pictures in most cases and does not label them with the gymnast's name. An exception might be when a competitive gymnast is featured in the media after doing well in a meet.

Please sign here only if we may **use your child's photo**.

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.

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)	DATE
PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)	DATE
WITNESS	DATE

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!