



# LOS ALAMOS SCHOOL OF GYMNASTICS

555 North Mesa Rd., Los Alamos, NM 87544

505-662-9523

<http://lagymnastics.net/>  
[lasg.janecky@gmail.com](mailto:lasg.janecky@gmail.com)

Dear Parents:

Welcome to Los Alamos School of Gymnastics (LASG)!

Our philosophy is one of learning through fun. We teach children, not a sport or activity. The sport of gymnastics is the activity through which we teach them. There is so much more to this than teaching skills.

Some things you can expect from us:

1. Safety first, second and always.
2. We will try to 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 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 you 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, or whose payments are habitually in arrears.

Thank you for the opportunity to work with your children.

*Louise (Loui) Janecky*

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

*Cell 699-0523*

# LOS ALAMOS SCHOOL OF GYMNASTICS

## STATEMENT OF TUITION POLICY

**Tuition fees** for LASG are given in the schedule. 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 for the summer sessions which you checked.** 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 of the session you wish to drop classes. We do not offer make-up for classes missed due to your schedule conflicts or illnesses. The instructor must still be paid.

**Volunteer fees or work hours** also apply per session. Students in classes meeting more than once a week, or the after-school programs, are assessed 2 hours or \$30/session. Students in classes meeting 1 time/week are assessed 1 hour or \$15/session. Only one fee is assessed per family/month at the rate of their highest level gymnast. Once registration is completed, hours will be assessed for any summer session you checked upon registration or 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 Wed. After School program, or \$30 for Mom & Me and 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, 2018 through May 30, 2019. It covers the School's liability insurance, USAG 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 that are charged for each meet.

A gymnast will be charged for, and expected to pay for, all classes/sessions/days for which she/he is registered, **regardless of attendance**. Individual classes, which are unavoidably missed for illness or injury only, can be made up by prearranged attendance, within 30 days of the class missed, at another class of similar level with the approval of the coach. Exceptions to this policy require **prior** approval from the Head Coach and notice to the bookkeeper.

### Summer 2018 tuition fee schedule

Mom & Me (45 min.).....	\$54/session	Preschool -(60 min.).....	\$54/session
Kinder.Rec (75 min) .....	\$56/session	Recreational (90 min.) 1/wk .....	\$60/session
Recreational (90 min.) 2/wk .....	\$90/session	Team (2.25 hrs.) 2x/wk .....	\$116/session
Team (2.5 hrs.) 3/wk .....	\$149/session	Team (2.5 hrs.) 4/wk .....	\$164/session

***Yearly registration and volunteer fees are applicable.***

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 gladly accepts tax-deductible donations.

# LOS ALAMOS SCHOOL OF GYMNASTICS

## Summer class registration 2018

555 N MESA ROAD  
 LOS ALAMOS, NM 87544  
 662-9523 --- [lasg.janecky@gmail.com](mailto:lasg.janecky@gmail.com)  
 Loui Janecky, Program Director/Head Coach

(Complete a separate registration page & medical form for each child, please print.)

NAME OF CHILD \_\_\_\_\_ MALE / FEMALE \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 NAME OF PARENT(S) OR GUARDIANS(S) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

You will be charged for the sessions checked unless you notify the book keeper in writing of a change (no partial session charges & no make ups)

- Session 1 \_\_\_\_\_ May 29-June 22 (Mon classes meet Fri week 1 due to Memorial Day)  
 Session 2 \_\_\_\_\_ June 25-July 20 (Tue classes meet Fri week 2 due to Independence Day)  
 Session 3 \_\_\_\_\_ July 23 – August 17 (class times may change the week school starts)

Gymnastics Level \_\_\_\_\_ Class Day and Time \_\_\_\_\_

### PAYMENT

Mom & Me ..... \$54/session	Preschool - ..... \$54/session
Kinder.Rec - ..... \$56/session	Recreational (1/week) - ..... \$60/session
Recreational (2/week) ..... \$90/session	Team (2/week) ..... \$116/session
Team (3/week) ..... \$149/session	Team (4/week) ..... \$164/session

***Yearly registration and volunteer fees are applicable.***

### ***Summer 2018 Class Schedule (subject to changes)***

- Mom & Me (2-3 years old) 45 minutes @ 11:30 Tue or 5:15 Wed.
- Preschool (3-4 years old) 60 minutes @. 11:30 or 5:15 Mon
- Kinder-Rec (entering Kindergarten) 75 minutes @ 11:15 Wed or 5:15 Tue
- Copper (Elem. Rec level 1& 2) 90 minutes @ 3:00 Mon., Tue., Wed. Thur.and @ 5:00 Mon.
- Bronze (Level 3/Preteam) @ 3:00 Tue & Thur or Mon & Wed (min. 2x/wk required)
- Silver (Level 4/beginning team) 3 days / wk @8:30 Tue, Wed & Thur (min. 3x/wk required)
- Gold (Level 5/ intermediate team) @ 8:30 Tue, Wed & Thur (3 days/wk required)
- Platinum & Diamond (Level 6 &7/advanced team) @ 8:30 M - Th. (4 days/wk required)
- Boys Team Level 5-7 @ TBA

### CONSENT FORM

I hereby give permission for my daughter/son/ward to participate in the Los Alamos School of Gymnastics Summer program. 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 understand the fees involved and agree to pay them.

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

\_\_\_\_\_  
 Date

# LOS ALAMOS SCHOOL OF GYMNASTICS

## Volunteer Form – Summer 2018

Gymnasts: \_\_\_\_\_ 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.**

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

\_\_\_\_\_ **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 9-11am)
- \_\_\_\_\_ Vacuum – cleaning gymnastics floor areas and vacuuming (cannot be done 9-11am)

### Maintenance

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

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

\_\_\_\_\_

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

**LOS ALAMOS SCHOOL OF GYMNASTICS**  
**MEDICAL HISTORY FORM – SUMMER – 2018**

(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? \_\_\_ 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)

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT FORM**

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 necessary.

\_\_\_\_\_  
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

Printed Name of Participant

Address of Participant

Printed Name of Parent or Guardian

Member Institution

City

All levels must sign this form for insurance purposes!