

Gymnastics & Ninja Warrior

All classes are co-ed and based upon exciting and fun lesson plans to enhance your child's overall well-being!

Classes have fun using music, games and equipment designed specifically for their size!

Children should leave class feeling accomplished, proud, & excited for the next class.

Watch your kids grow through our newly renovated space with windows looking into the space.

We will host a Spring Show highlighting the new skills the kids have learned.

Parent & Me	Have fun accompanying your child as they learn through exploration and structured circuits.	\$35/month
18mo-3yrs	Tuesdays 6:15-7:00 pm	
Little Leapers	Pre-School Classes - Children learn the basics of gymnastics and techniques.	\$35/month
3-4 years	Mondays 5:30-6:15 pm Thursdays 6:30-7:15 pm	
Tumbling Tigers	Transitional Classes - Children will learn more in depth techniques using more hands on equipment.	\$45/month
5-6 years	Mondays 6:30-7:30 pm Thursdays 5:30-6:30 pm Saturdays 10:00-11:00 am	
Skilled based classes: Instructors will help determine which class best suites the gymnasts.		\$45/month
Beginner 1	6+ years Wednesdays 4:15-5:15 pm Wednesdays 5:15-6:15 pm Saturdays 11:00-12:00 pm	
Beginner 2	6+ years Wednesdays 6:15-7:15 pm Wednesdays 7:15-8:15 pm	
Beginner 3	6+ years Tuesdays 5:15-6:15 pm	
Special classes for those looking for a challenge and to improve agility, strength and flexibility:		\$35/month
Mini Warriors	4-6 years Mondays 4:00-4:45 pm Thursdays 4:30-5:15 pm	
Jr. Warriors	7+ years Mondays 4:45-5:30 pm Tuesdays 7:15-8:00 pm	

Classes are ongoing with payments automatically taken out on the 1st of each month.

Sanford Wellness Center members receive 10% off session fees

Enrollment fee of \$15

Rules:

- Make sure your child has gone to the bathroom before class starts.
- Parents of children 4 and younger must stay at Wellness Center during class in case of restroom needs.
- Jewelry should not be worn and hair should be pulled back.
- Clothing with buttons or zippers is not allowed.
- Girls are suggested to wear snug fitting clothing.
- Boys are suggested to wear athletic shirts and shorts.
- Shoes and socks must be removed.

Open Gym

Kids ages 3-14 play freely in the gymnastics/ninja warrior space with staff supervision. Let the kids play while you work out on your fitness goals! Open Gyms are 60 minutes in duration. Cost is included in family memberships or \$8 per child for those without family memberships. Register 12 hours in advance. Please check monthly schedule for availability.

Gymnastics/Ninja Warrior Registration

Child's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Class Name (i.e. Tuesday 4:00 Mini Warriors): _____ Monthly Amount: _____

Parent(s)/Guardian(s) Name: _____ Phone: _____

Email: _____

Address: _____ City: _____

Download the **Remind** App on your cell-phone for class changes and notifications. Text the following message to: 81010 to join

Parent & Me - Tuesdays: @3f63d9

Little Leapers – Mondays: @8736gc

Tumbling Tigers – Mondays: @399799

Beginner 1 – 4:15 Wednesdays: @beginner1w

Beginner 2 – Wednesdays 6:15: @beginner2w

Beginner 3: beginner3t

Mini Warriors – Mondays: @miniwarr

Jr. Warriors – Mondays 4:45: @bh49ab

Little Leapers – Thursdays: @c9dfe3

Tumbling Tigers – Thursdays: @496983

Beginner 1 – 5:15 Wednesdays: @6d96a8

Beginner 2 – 7:15 Wednesdays: @bh2733

Mini Warriors – Thursdays: @miniwarri

Jr. Warriors – Tuesdays 7:15: @g4a87a

Tumbling Tigers – Saturdays: @h6hec8

Beginner 1 – Saturdays: @beginner1s



List any injuries or health conditions: _____

Release and Waiver of Liability and Billing Contract

On behalf of Sanford Health of Northern Minnesota and the Sanford Wellness Center, we thank you for allowing your child to participate in the Sanford Wellness Center Youth Gymnastics/Ninja Warrior Program.

I agree to allow my child to participate in the Sanford Wellness Center Youth Program. I also agree to the following:

I acknowledge that participating in this program may present certain dangerous conditions and may involve a risk of serious bodily injury or death.

I acknowledge that both my child and I have been fully informed of the risks involved in participating in the program

I acknowledge that my child's participation in the program is wholly voluntary.

My child and I knowingly and voluntarily assume the risk of seriously bodily injury or death arising from the participation in the program.

I understand that neither I nor my child has a right to maintain any action against Sanford for damages (whether compensatory or punitive) for any injuries my child may suffer as a result of participation in the program.

I (for myself, my child, family, heirs, assigns, and any successors in interest) hereby release, discharge, and waive any and all rights or claims against Sanford for any injuries including death and/or loss, whether to person or property, my child or I may suffer as a result of participation in the program.

I understand that Sanford may take photographs or video of the program, which may include my child's likeness. I understand that this information may be used by Sanford for educational, marketing or promotional purposes. I waive all rights that my child or I may have to any claims for payment of royalties or other compensation in connection with the use of these photographs or images by Sanford.

BILLING POLICY:

1. I understand that I will be billed monthly or payment will be made by bank draft monthly until I give proper notice of any change or resignation.

2. I understand that if I wish to resign or change my membership in any way, I must give the Sanford Wellness Center written a fifteen-day notice in accordance with the Resignation Policy.

4. Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus any service fee applied by Sanford Wellness Center. This is in addition to any service fee my bank may apply. If payment is not made, my delinquent account may be sent to a collection agency. I agree to pay a \$10 late fee penalty if my monthly payment is received more than 4 days past the due date. A \$15 penalty will be applied in all cases of insufficient funds, denied EFT's or denied credit cards debits. Should I default, I agree to pay all costs of collection, including but not limited to Collection Agency fees, court costs and attorney's fees.

5. I am aware of the fact that it is my responsibility to check my bank statement or credit card statement on a regular basis to make sure the Sanford Wellness Center membership rate withdrawal is correct. Sanford Wellness Center will agree to and will assist in making any corrections but only for a maximum of three (3) months following the error.

RESIGNATION POLICY:

As a member or the parent/legal guardian of a minor child(ren) member of Sanford Wellness Center, I accept the following resignation policy. Members must sign the termination agreement with not less than fifteen (15) days' notice. If you rejoin at a later time, the enrollment fee must be purchased again. Resignations will not be accepted over the phone.

If I am unable to meet the deadline and/or requirements, I accept the responsibilities of membership for the extra month, including the payment of all applicable fees. If I have prepaid my membership and choose to change my status to month-to-month at the end of my term, I must abide by the resignation policy as stated above and agree that monthly billing will start the first day after the end of my prepaid term. Prepaid memberships are non-refundable and non-transferable. All renewals following the prepaid term must start the first day after the end of the prepaid term in order to avoid paying an initiation fee.

I hereby authorize Sanford Wellness Center to withdraw membership fee(s) along with incurred Wellness Center fee(s) from either member's checking or savings account or designated credit card on the 1st of each month. The withdrawal will be ongoing until you inform the Wellness Center in writing (signed termination agreement) of your desire to discontinue in accordance with the Resignation Policy.

Parent/Guardian Name _____ Signature _____ Date _____

Relationship to Child _____ Yes, _____ (Child's Name) may participate in the above mentioned program.