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.

2020 Spring Season: January 6th –April 23rd 12 No classes January 20-23, February 17-20, March 16-19, April 6-9 Open gym will be available free of charge during these weeks for students.

Sanford Wellness Center members receive 10% off session fees

Parent & Me	Have fun accompanying your child as they learn through exploration and games.			\$115	
	18mo-3yrs	Mondays	6:30-7:15 pm		
Little Leapers	Pre-School Classes - Children learn the basics of gymnastics through structured circuits.			\$115	
	3-4 years	Mondays	4:45-5:30 pm		
		Tuesdays	5:30-6:15 pm		
Tumbling Tigers	Transitional Classes - Children will learn more in depth techniques using more hands on equipment.				
	5-6 years	Mondays	5:30-6:30 pm	\$145	
	•	Tuesdays	6:15-7:15 pm		
Skilled based classes: Instructors will help determine which class best suites the gymnasts. \$145					
Beginner 1	6+ years	Wednesdays	5:15-6:15 pm		
		Wednesdays	6:15-7:15 pm		
		Thursdays	5:15-6:15 pm		
Beginner 2	6+ years	Wednesdays	7:15-8:15 pm		
_	•	Thursdays	6:15-7:15 pm		
Beginner 3	6+ years	Thursdays	7:00-8:15 pm		
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				\$115	
Ninja Warrior classes – challenging and fun combined through games and obstacle courses.					
Mini Warriors	4-6 years	Tuesdays	4:00-4:45 pm		
Jr. Warriors	7+ years	Tuesdays	4:45-5:30 pm		
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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 are 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!

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): Total Amount: _				
Parent(s)/Guardian(s) Names:				
Phone Numbers:				
Email (Main source of contact):				
Address:		City:		
List any injuries or health conditions:				
On behalf of Sanford Health of Northern Minnesota and the Youth Gymnastics/Ninja Warrior Program. I agree to allow my child to participate in the San I acknowledge that participating in this program I acknowledge that both my child and I have been I acknowledge that my child's participation in the My child and I knowingly and voluntarily assume I understand that neither I nor my child has a rig child may suffer as a result of participation in the I (for myself, my child, family, heirs, assigns, and any success including death and/or loss, whether to person or property, I understand that Sanford may take photographs or video of for educational, marketing or promotional purposes. I waive with the use of these photographs or images by Sanford. BILLING POLICY: 1. I understand that I will be billed monthly or p 2. I understand that if I wish to resign or change accordance with the Resignation Policy. 4. Should any membership draft not be honored Sanford Wellness Center. This in addition to an agency. I agree to pay a \$10 late fee penalty if my insufficient funds, denied EFT's or denied credit of Agency fees, court costs and attorney's fees. 5. I am aware of the fact that it is my responsibility Center membership rate withdrawal is correct. So (3) months following the error. RESIGNATION POLICY: As a member or the parent/legal guardian of a my sign the termination agreement with not less that again. Resignations will not be accepted over the If I am unable to meet the deadline and/or requirely applicable fees. If I have prepaid my membership policy as stated above and agree that monthly bid non-transferable. All renewals following the prepolicy as stated above and agree that monthly bid non-transferable. All renewals following the prepolicy as stated above and agree that monthly bid non-transferable. All renewals following the prepolicy as stated above and agree that monthly bid non-transferable. All renewals following the prepolicy as stated above and agree that monthly bid non-transferable. All renewals follo	Inford Wellness Center Youth Program. Imay present certain dangerous condition fully informed of the risks involved in program is wholly voluntary. It is program is wholly voluntary. The risk of seriously bodily injury or do that to maintain any action against Sanfe program. Sors in interest) hereby release, discharmy child or I may suffer as a result of the program, which may include my contained all rights that my child or I may have to the program, which may include my contained and the program, which may apply. If pay my bank for any reason, I realize they service fee my bank may apply. If pay monthly payment is received more to the program of the program which is received more to the program of t	I also agree to the following: ions and may involve a risk of serion participating in the program eath arising from the participation for damages (whether competers, and waive any and all rights of participation in the program. In the program, and waive any and all rights of participation in the program. In the program, whild's likeness. I understand that to any claims for payment of royaltice the Sanford Wellness Center and I am still responsible for that program is not made, my delinquentian 4 days past the due date. A \$ to pay all costs of collection, included the company of the extra month and will assist in making any correction at a later time, the enrollment for membership for the extra month and of my prepaid term. Prepaid me the end of the prepaid term in or Vellness Center fee(s) from either	ous bodily injury or death. In the program. In the program in the	
Parent/Guardian Name	Signature		Date	
Relationship to ChildYes,	(Child's	Name) may participate in t	the above mentioned program	