

# McCracken's Gymnastics and Swim, Inc.

15515 S. Keeler ♦ Olathe, KS 66062 ♦ (913)782-8555

2018

KANSAS CITY LEAGUE GYMNASTICS

## GIRL'S SUMMER SKILLS CLINICS

at McCracken's Gymnastics

### Clinic 1

Adv. T. Bugs, Level 1&2 Level 2&3  
Mini Team 2, Mini Team 3  
League Team 2

**Friday, June 8, 2018**

**4pm - 7pm**

**Cost: \$30 non-refundable**

### Clinic 2

Mini Team 4, League Team 4,  
USAG Levels 3-5, Xcel Gold

**Saturday, June 9, 2018**

**2pm - 5pm**

**Cost: \$30 non-refundable**

### Coaches' Clinic

**Saturday, June 9, 2018**

**5:15pm**

Free Coaches Clinic focused on spotting  
techniques for bars with Guest Clinician:  
**Alex Carson from GAGE.**



### KC League Gymnastics Summer Skills Clinic Registration Form

*Return this portion with payment to McCracken's Gymnastics by June 7, 2018.*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Gym Currently Attending

\_\_\_\_\_  
Current Level

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parents' Name

\_\_\_\_\_  
Phone Number During Event

Please Sign:

I, the undersigned parent or guardian of the above-name child/children, do hereby grant authority to the staff of McCracken's Gymnastics School, Inc. to render a judgement concerning medical assistance in the event of an accident or illness during my absence. I hold McCracken's Gymnastics School Inc., its teachers, staff and school harmless for all injuries arising to and from all activities.

I give McCrackens Gymnastics and the KC Gymnastics League and its authorized representatives permission to record on photography or video pictures of my participant. I further agree that any or all of the material may be used for advertising and in publications without payment of fees, royalties, special credit or other compensation.

I understand that the registration fee is non-refundable. If my child cannot attend for any reason including sickness or injury, I can transfer my payment only to another gymnast in the same level.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

#### Circle Clinic Attending

Clinic 1

Clinic 2

Please check the list above to  
make sure you select the correct  
clinic for your level.

Office Use Only: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Ck # \_\_\_\_\_ Received by: \_\_\_\_\_