

**McCracken's Gymnastics & Swim School**

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

www.mcgymswim.com

# GOLD STAR CLINIC

Saturday, September 18, 2021  
at McCracken's Gymnastics

**With Special Guest Clinicians**

Nilson Meideros Savage – Master Clinician  
2008, 2012, 2016 Olympic & Iowa State University Coach

Sterling Meltzer – Spotting Specialist  
Iowa City, Iowa

**Clinic 1**

1:00 PM – 3:30 PM

Fee: \$45

*Girls ages 6 and up*

*Levels: Beginner/Recreational, Mini Teams, Xcel Bronze, Silver, & Gold, Level 3*

**Clinic 2**

4:00 PM – 7:30 PM

Fee: \$70

*Girls Levels: Travel Team, USAG Levels 4-10, Xcel Platinum & Diamond*

Each session will be limited to 40 gymnasts.

**NO REFUNDS**

Sign Up By Friday, September 10<sup>th</sup>



**Ways to Register:**

In Person @ McCracken's Gymnastics  
15515 S Keeler St ~ Olathe KS

Over the Phone @ 913-782-8555

Online registration available through the Parent Portal.  
www.mcgymswim.com

## Gold Star Clinic Registration Form

Saturday, September 18, 2021

Gymnast First Name

Last Name

Age

Level

**Clinic 1 / Clinic 2**

Please Circle

Home Gym

Address

City

State

Zip

Parent/Guardian Name

Phone Number During Event

I, the undersigned parent or guardian of the above-named child, 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, the undersigned parent or guardian of the above named child grant my permission to photograph my child during activities at McCracken's Gymnastics. These photographs will remain the property of McCracken's and may be used in advertising or marketing campaigns and for promotional and informational material. I understand my child will not be identified by name. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of such images.

Parent/Guardian Signature

Date

**Office Use Only:**      **Number on List:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **CK/CC #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Int:** \_\_\_\_\_