

"FOCUS ON FUNDAMENTALS" HOLIDAY PROGRAM



FOR CHILDREN AGED 5 - 11. BRING A FRIEND, CURRENT AND NEW MEMBERS WELCOME!

This holiday program will focus on the fundamentals of gymnastics. Skills include handstands, cartwheels, back flips, rolls, somersaults, swings on bars and skills on beam.

Gymnasts will work on improving their body and spatial awareness as well as strength and confidence which are crucial to building a solid foundation for future skill development.

The program is suitable for all ability levels and is structured to allow gymnasts to attend the full program or individual sessions.

**EACH TWO HOUR BLOCK ALSO INCLUDES LOTS OF FUN GAMES,
OBSTACLE COURSES, FITNESS ACTIVITIES AND GROUP CHALLENGES.**

SESSION DAYS AND TIMES

TUESDAY, JULY 11TH

SESSION 1: 10 - 12pm

SESSION 2: 1 - 3pm

THURSDAY, JULY 13TH

SESSION 3: 10 - 12pm

SESSION 4: 1 - 3pm

\$38 per single session | \$80 for full day
(10 - 3pm including lunch time supervision)

Children who are staying all day will be supervised in the spectator area between 12.00 and 1.00 while they have their lunch and play some board games.

**Children must bring their own lunch if staying all day - no nut products.

Booking forms available at reception or call **9870 4515**
to make a booking over the phone





FOCUS ON FUNDAMENTALS HOLIDAY PROGRAM ENROLMENT FORM

Please fill in a separate form for each child. Thank you.

Name: _____ Age: _____ School grade: _____

Does your child have any medical or special needs that we need to be aware of? (please provide details on the back of this form) MEDICAL (including allergies): YES / NO SPECIAL NEEDS: YES / NO

* ASTHMA OR ANAPHYLAXIS PLANS MUST BE PROVIDED IF RELEVANT *

**Please note: Photos may be taken throughout the program for use on our noticeboards, website, social media and our promotional TV screen. Please speak to reception if you have any questions or issues regarding photos.

If there are friends coming who you would like to be in a group with, please write their name/s below (if you are bringing a friend, they must have a separate form) _____

SESSIONS ATTENDING: Please circle appropriate sessions or tick full day box

Session 1: Tuesday, July 11th 10am - 12pm

Session 2: Tuesday, July 11th 1pm - 3pm

Session 3: Thursday, July 13th 10am - 12pm

Session 4: Thursday, July 13th 1pm - 3pm

Full Day: Tuesday, July 11th 10am - 3pm. BYO lunch. \$80.00

Full Day: Thursday, July 13th 10am - 3pm. BYO lunch. \$80.00

Parents name: _____ Emergency contact no.: _____

Email address (if you would like to receive information about future Holiday Programs): _____

PARENT CONSENT: I consent to my child participating in gymnastic activities under the supervision of Eclipse Gymnastics coaches. In the event of an accident, I understand that every effort will be made to contact me and I give permission for my child to receive any medical attention deemed necessary, at my expense. I understand that refunds will not be given if I give less than 7 days notice of my child not attending any program they have been enrolled for.

Parent/Guardian Signature: _____ Date: ____/____/____



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