



Jump Start Holiday Program

Development 1 - 5 & Senior Development 2 - 4

Jump and flip your way into Term 3!

Monday, July 10th

12.00 - 2.00pm



GAMES
SKILLS
FITNESS
FUN

Open to all gymnasts in Development 1 - 5 & Senior Development 2 - 4. Gymnasts can come along to get a **Jump Start** on skills that they will be learning in Term 3. This program is a great opportunity if two weeks away from the gym during school holidays is just too long!

\$40 for the 2 hour session.

Booking form attached or pick one up at reception or call 9870 4515 to make a booking over the phone

* Refunds or credits cannot be given for missed sessions.



JUMP START HOLIDAY PROGRAM ENROLMENT FORM

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

Name: _____

Age: _____

Current level (please circle):

Development 1

Development 2

Development 3

Development 4

Development 5

Senior Development 2

Senior Development 3

Senior Development 4

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):
SPECIAL NEEDS:

YES / NO
YES / NO

ASTHMA OR ANAPHYLAXIS PLANS MUST BE PROVIDED IF RELEVANT

SESSIONS ATTENDING: Please tick appropriate box

Monday, July 10th 12 - 2pm \$40.00

**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.

Parents name: _____ Emergency contact no.: _____

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: ____/____/____

Invoice number:
Payment date:
Cash / chq / DD / CC / eftpos
Class roll:



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