



South County High School Athletics Boosters presents

SCHS GYMNASTICS CLINIC

The South County Varsity Gymnastics Team and coaching staff would like to invite all current students between Kindergarten and 6th grade to a morning filled with gymnastics and fun!

**** MEET THE SOUTH COUNTY GYMNASTICS TEAM AND COACHES ****

**** LEARN A VARIETY OF GYMNASTICS SKILLS AND DANCE ****

**** MAKE NEW FRIENDS ****

When: Monday, January 20, 2025 – 9:00 am – 11:30 am

Where: The auxiliary gym (the bubble) located between the school and football field. Doors open at 8:30 am.

Cost: \$40 (Lunch included)

**WEAR COMFORTABLE CLOTHES/ATHLETIC SHOES
BRING A WATER BOTTLE**

How to register: Complete the back of the flyer (Registration, Medical Consent, Emergency Contact & Health Insurance Information) and mail with cash or check (payable to South County Athletic Booster Club) to:

South County High School Student Activities Office
Attention: Varsity Gymnastics
8501 Silverbrook Road
Lorton, VA 22079

REGISTRATION ENDS - FRIDAY, JANUARY 17TH

****PLEASE EMAIL COACH BRADEN IF YOU MAIL IN THE CHECK AFTER TUESDAY, JAN. 14TH****

For questions or concerns, please contact Coach Julie Braden at jmbraden@fcps.edu

REGISTRATION FORM

Child's First and Last Name: _____ Child's Age: _____

Parent Email: _____ Parent Phone Number: _____

Has the child done gymnastics before? Yes No

MEDICAL CONSENT

I hereby state that my child is in good, normal health and has my permission to participate in ALL activities. In addition, I authorize the South County Gymnastics Staff to act for my child in the event of injury and illness.

Registration requires a parent/legal guardian to sign below agreeing that, in case of an accident involving your child, you release the camp, sponsor, counselors and director from any and all liability.

Name of Parent/Legal Guardian (Print): _____

Signature of Parent/Legal Guardian: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Parent/Guardian Cell Phone: _____

Additional numbers in case of emergency:

HEALTH INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Group Number: _____ ID Number: _____

ANY ADDITIONAL INFORMATION

Allergies:

Previous injuries we need to be aware of: