

Men's Level 4 -10 Summer Sault Clinic

Thursday, June 15th - Saturday, June 17th
8:30 am - 3:30 pm



**GEM STATE
GYMNASTICS**
ACADEMY

Since 1976

Clinicians Include:

Greg Schamens: Head Team Coach

Nathan Fiske: Team Coach

Jim Tighe: Owner Gem State Gymnastics Academy

Plus more of GSGA 's Great Staff

Guest Clinician:

Jeff Crocket

Top Idaho Gymnast, 4x Idaho State Champion, 4x Junior Olympic National Competitor, 8 1st Place Finishes at Collegiate Nationals, 19x Collegiate All American, Collegiate Senior of the Year Award, Washington State Director and Head Coach at Eastside Gymnastics



Space is
Limited!
Discounts for
TEAMS!

Housing: Very Limited

\$45 with a GSGA team child of the approximate same age and level.

Discounts:

Sibling- \$10 off each child

Teams of 5 or more- \$10 off per gymnast (only one discount applies)

Schedule

8:30 am - 12:30 pm Morning Session

12:30 pm -1:30 pm Lunch (**provide your own**)

1:30 pm - 3:30 pm Afternoon Session

22,000 Square Feet Facility

- 7 bar stations: 2 strap bars, a flyaway bar & a pit bar.
- 4 tumbling stations: 40' Tumbl Trak, 20' Tumbl Trak 80' rod floor & AAI Stratum Palmer Spring Floor.
- 3 vault stations: vault table, vault trainer, tumble trak vault & trampoline vaulting into a loose foam pit.
 - 4 trampolines, one with an overhead harness.
 - 3 sets of Rings
 - 3 High bars
 - 2 Parallel bars
 - 5 Pommel horse stations



GEM STATE GYMNASTICS

ACADEMY ~ Since 1976

5420 W. State St.
Boise, Idaho 83703
208-853-3220
208-853-9021 Fax
www.gemstategymnastics.com

Our clinic is kept small, so sign up fast to ensure a space.

| | | |
|-------------------------|-------------|------|
| Gymnast Name: | Level: | Age: |
| Responsible Adult Name: | Home Phone: | |
| Address: | Cell Phone: | |
| City: | State: | Zip: |
| Emergency Contact: | Email: | |
| Club: | Coach: | |

Method of Payment

Visa

MasterCard

Check



\$200.00

\$45.00 Housing

Subtotal: _____

Sibling: - _____

Team: - _____

Total: _____

| | | |
|--------------------|-----------------|------------|
| Credit card number | Expiration Date | CVV Number |
| Signature | | |

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in the Gem State Gymnastics Academy programs, I represent that I understand the nature of this Activity and that I am qualified, in good health and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Gem State Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the Release and waiver of liability, assumption of risk, and indemnity agreement, understand that I have given up substantial rights by signing it and have signed it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parent or Guardian Signature: _____ Date: _____