

Waynesboro Area YMCA
Gymnastics Team
2016-2017
Handbook and Guide



YMCA Program Supervisor

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Parent Association Board Members

President	Cheryl Morgan	isr2168@msn.com
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Treasurer	Nancy Schaffer	littlee817268@yahoo.com

Gymnastics Parent Association (GPA)

- It is expected that as a parent of a team gymnast that you actively participate in the GPA and its activities. Your participation is an important key to our team's success.
- Meetings are held every 3rd Monday of each month at 630pm. The first meeting is the first Monday of the season, September 19th. The final meeting is Monday May 22nd. It is mandatory that you attend the first and final meetings as well as those that are designated for fundraising. We truly need everyone's participation to ensure the success of the gymnastics program.

Meeting Schedule

August 29th

September 19th

October 17th

November 21st

December 19th

January 16th

February 20th

March 20th

April 17th

May 22nd

Communication

- EMAIL: Meeting minutes, important parental announcements, and sign up sheets will be sent out via email. Please make sure we have an updated email address. All email correspondence will have "GPA" in the subject line.
- FACEBOOK: There is a private facebook page that you can join. We will post important dates, any registration papers you missed so that you may download and print them, and of course pictures of our team. The page is Waynesboro YMCA Gymnastics Team – just ask to join.

- MAILBOX: The gymnasts do have a mailbox in the back that should be checked just in case they miss having a form or something passed out to them after practice.
- TEXT ALERTS: You may enroll in text alerts. We will send messages about weather cancellation via this method.

To receive messages via text, text **@wboyteam** to **81010**. You can optout of messages at anytime by replying, 'unsubscribe @wboyteam'. Trouble using 81010? Try texting **@wboyteam** to **(717) 639-2168** instead.



Or to receive messages via email, send an email to wboyteam@mail.remind.com. To unsubscribe, reply with 'unsubscribe' in the subject line.



Fees

Gymnastic Team Payment Options

Full One Payment	Half Two Payments	Installments Nine Payments
<u>Member</u>	<u>Member</u>	<u>Member</u>
\$540	\$270	\$60
Due	Due	Due
August 29 th	August 29 th	August 29 th
At the beginning of the Fall session	At the beginning of the Fall and Winter sessions	Payments are linked to a bank account for automatic withdrawal on the 15 th of each month from September until May

USA Gymnastic Membership Fees

The current fee is \$57.00 per gymnast. This is due by September 9th in order for the gymnasts to participate in the scheduled meets. If your gymnast is not competing this year, this will not apply.

Uniforms

Girls Leotard \$45

Girls Black Yoga Pants \$15

Boys Black shorts and shirt

- Competition jackets were issued last season and will be worn with the yoga pants.
- Uniforms will need to be purchased by the September 19th meeting, so that the team is ready for competition and team pictures in October and any exhibitions.

Competition Fees

- Registration forms will be passed out to gymnasts and information passed along via Facebook and/or email with details about each competition, including fees. Cost varies per competition. Payment must be received on the due date stated if you intend to participate. Late entry may not be approved for participation. If a late registration is approved, a late fee may be applied, which the gymnast is responsible for. No refunds will be issued unless there is an extenuating circumstance that is approved by the coaches.
- Please be aware that the competition schedule is tentative and can change. We will communicate any changes as they occur.

- Meet session and times are usually not available until 1-2 weeks prior to the actual competition date. The GPA will do our best to get the information out as soon as it is made available.



Fundraising and Home Meet

- Fundraising and Home Meets comprise the bulk of the GPA participation. The funds raised from these events are used to purchase and maintain the gymnastic equipment, fund the gymnastic parties, and may even be used to offset competition costs when possible.
- Everyone's participation, parents and gymnasts, is required to make these events successful.
- The tentative schedule is two large fundraising events:

Bingo or Home Meet for November
Bingo for February

- There may also be another small fundraiser or exhibition that will be available during the season.
- Sign up sheets with full job descriptions will be available for each event.
- There will be buy out options available for each fundraising event to try to accommodate everyone's needs, but we truly need to utilize everyone's talents to make these events successful. Please be aware that the buyout option for the season will be around \$250.

Team Expectations

- All practices should be attended. Team members are expected to be on time and dressed appropriately.
- Appropriate dress for practice is gym shorts and leotard. Hair must be pulled back. No jewelry or fake nails.
- If early departure from practice is necessary, please notify the coaches at the beginning of practice.
- Gymnasts are not permitted to be on any equipment when there are no coaches in the gym or during set up and tear down. If rule is broken, you will be asked to sit out for a minimum of 10 minutes.
- Gymnasts must have permission from the coaches before leaving the gym. This pertains to going to the restroom, getting a drink, or leaving at the end of practice unless otherwise arranged with parents.
- Gymnasts are required to help with set up and tear down of all equipment.
- Gymnasts are required to participate in team conditioning. This will be done at the beginning and end of team practice.
- Gymnasts are required to treat all members of the coaching staff with respect. When receiving coaching cues or corrections it is expected that you face the coach and listen.

- Parents will not be permitted in the gym during Monday and Wednesday practices. Fridays will be open to parents for the last hour (6-7pm).
- Disruptive behavior, vulgar language, or gestures will not be tolerated and will be cause for immediate dismissal and parent pick up.
- Horseplay is forbidden in the gym.
- Please do not come to practice with an upset stomach, headache, or fever. These could be signs and/or symptoms of a contagious illness.
- Please report any injuries or sudden illness to coaching staff immediately. Parents will be called for pick up. A copy of the medical release form will be obtained for emergency purposes.
- We have tape for occasional needs. If you need it for every practice, please supply your own.
- First year gymnasts will not be competing.



Competition Expectations

Gymnasts

- Gymnasts will be evaluated by the coaches as to what level they are to be competing at based upon Excel or USAG guidelines.
- Hair must be pulled back. No jewelry or nail polish. Pony tail may not fly around.
- Gymnasts are required to stay on competition floor until the last gymnast is finished performing.
- All team members must be in their competitive uniform to receive awards.
- Team members are required to sit together and not wander to snack area or to family/friends in the bleachers.
- Team members are encouraged to support each other in a positive manner. Control negative feelings and disappointments.
- Avoid competition between your own team members.
- Gymnasts are required to attend all practices the week of a meet in order to participate in that meet.
- A gymnast must compete in 3 meets in order to be eligible to compete in Championships at the end of the season.

- Parents

- Please have your gymnast to the gym at the stated time.
- Parents are encouraged to cheer all team member.
- Under no circumstances may you question a judge concerning a score.
- Scores will vary from meet to meet. You, as a parent, should only look for a total improvement by your gymnast throughout the season. Do not compare our gymnast's scores to another.
- Parental support is very important. Try to encourage your gymnast and understand that everyone has a bad day.
- When attending away meets, please have your gymnast arrive 15 minutes before warm up time.
- If any conflicts arise with transportation or any other situation, please contact one of the coaches immediately and avoid waiting until the last minute.

Gymnastics Team Meet Schedule

<p style="text-align: center;">November 5th</p> <p style="text-align: center;">Gymfest Invitational Perry Juniata Gymnastic</p> <p style="text-align: center;">Mifflintown, PA</p> <p style="text-align: center;">Level 2-10 and Excel Bronze-Platinum</p>	<p style="text-align: center;">November 12</p> <p style="text-align: center;">YMCA Home Meet Waynesboro YMCA Gymnastics</p> <p style="text-align: center;">Waynesboro, PA</p>	<p style="text-align: center;">December 2nd -4th</p> <p style="text-align: center;">Miracle on the Square Fusion Gymnastics Center</p> <p style="text-align: center;">Lancaster, PA</p> <p style="text-align: center;">Level 1-7 and Excel Bronze- Gold</p>
<p style="text-align: center;">December 10th-11th</p> <p style="text-align: center;">Reindeer Games Pottsville Gymnastics</p> <p style="text-align: center;">Pottsville, PA</p> <p style="text-align: center;">Level 1-7 and Excel Bronze- Gold</p>	<p style="text-align: center;">December 16th-18th</p> <p style="text-align: center;">Judges Cup Paramount Sports Complex</p> <p style="text-align: center;">Annville, PA</p> <p style="text-align: center;">Level 2 up and Excel Bronze-Gold</p>	<p style="text-align: center;">January 27th-29th</p> <p style="text-align: center;">Rainbow Classic</p> <p style="text-align: center;">Waynesboro, PA</p>
<p style="text-align: center;">February 11th-12th</p> <p style="text-align: center;">Dutch Classic Berks Gymnastics</p> <p style="text-align: center;">Reading, PA</p> <p style="text-align: center;">Level 3 up and Excel Bronze-Platinum</p>	<p style="text-align: center;">February 18th-20th</p> <p style="text-align: center;">Mardi Gras Invitational Paramount Sports Complex</p> <p style="text-align: center;">Annville, PA</p> <p style="text-align: center;">Level 2 up and Excel Bronze-Platinum</p>	<p style="text-align: center;">March 4th-5th</p> <p style="text-align: center;">Flip Flop Invitational</p> <p style="text-align: center;">Mifflintown, PA</p> <p style="text-align: center;">Level 1-10 and Excel Bronze-Platinum</p>
<p style="text-align: center;">April 8th-9th</p> <p style="text-align: center;">Handsprings for Hope Wilson Gymnastics</p> <p style="text-align: center;">Chambersburg, PA</p>	<p style="text-align: center;">?</p> <p style="text-align: center;">Four Star Gymnastics TBA</p>	<p style="text-align: center;">?</p> <p style="text-align: center;">States TBA</p>

Emergency Contact & Parental Consent

Child's Name _____ Date of Birth ____/____/____

Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact (In the event parents cannot be reached) _____

Relationship _____ Home Phone _____ Cell Phone _____

Child's Physician / Medical Provider _____ Phone _____

Child's Allergies _____

Child's Additional Medical Needs _____

Parent / Guardian signature is required for each item below to indicate consent

Obtaining Emergency Care

Administration of Minor First Aid Procedures

The gymnast, in attending the gym and using the facilities, does so at their own risk. The Waynesboro YMCA shall not be liable for any damages arising from personal injuries sustained by gymnasts in or about the premises. Gymnast assumes full responsibility for all injuries and damages which may occur in or about the premises. The gymnast does hereby fully and forever release and discharge the

Waynesboro YMCA, its staff, directors and officers, the employees and agents from any and all claims, demands, damages, right of action, present or future, resulting from or arising out of the gymnast's use of the gym and or its facilities.

In the event that I am unable for purposes of providing parental consent, I hereby authorize the physicians and staff in the emergency department of the Waynesboro Hospital to provide such hospital care that includes diagnosis procedures and medical treatment as necessary to my minor son / daughter while enrolled in the Waynesboro YMCA gymnastics program. Medical treatment may be given to my son/ daughter without and further permission from the undersigned. I understand that I will be contacted as soon as possible in the event that my child is brought to the hospital for treatment.

Parent / Guardian Signature _____ Date ____/____/____

Competitive Gymnastics Team Commitment

I / we have read and accept the Waynesboro YMCA competitive Gymnastics Team information, rules, and responsibilities included in the attached manual. _____ has my / or consent and permission to participate in the Waynesboro YMCA Competitive Gymnastics Team program at level ____ for 2016-2017 season. As stated on the consent form, I / we release the Waynesboro YMCA Gymnastics program, its staff and directors from any and all responsibility and / or liability in case of accident or injury to the above named child. As with any activity involving height and motion, I / we are aware of the risk of the serious injury, paralysis, or even death resulting from participation in gymnastics activities.

I / we make a commitment to support this program through my words and actions and to fulfill all obligations to the best of my ability. If I have a disagreement or problem with the staff or program I will contact the coaches first to attempt to resolve the situation. If at any time I feel that this is no longer the program that is best for my child, I will stop his / her training at this facility. I also understand and agree that if at any time my actions or words become detrimental to this program I may be asked to remove my child from the program.

As the coaching staff has made a professional commitment to the gymnast, the gymnast and his / her family also commit themselves to the completion of the entire season. By signing this form also commits the gymnast and family to their financial responsibilities described in this handbook.

Facebook is a tool that we will use for communication and informational purposes only. I understand that my child's name and or photo may be published and displayed on the team's Facebook page. It is a closed, private page, and therefore it is my choice to become a member. By signing this form I am acknowledging that I give my consent to have my child's name and / or photo published on the Waynesboro YMCA Gymnastics Team Facebook Page.

Parent / Guardian Signature _____ Date ____/____/____

Parent / Guardian Signature _____ Date ____/____/____

I have read the team rules and gymnast responsibilities. I understand these and will make a commitment to do my best to fulfill my responsibilities on this team.

Gymnast _____ Date ____/____/____

Please sign and return within the first week of practice



USA GYMNASTICS

2016/2017 ATHLETE MEMBERSHIP APPLICATION

\$57

Member Club Administrators may register athletes online at usagym.org/memberservices.

Membership will expire July 31, 2017.

ATHLETE MEMBERSHIP INFORMATION

RENEWING MEMBERSHIP NO. _____ NEW MEMBERSHIP All fields marked * are REQUIRED

*First Name _____ MI _____ *Last Name _____ *Sex: _____ *Citizen: Yes No

*Mailing Address _____ *City _____ *State _____ *Zip _____

*Email _____ *Phone _____ *Date of Birth _____

PARENT INFORMATION

*First Name _____ MI _____ *Last Name _____

*Parent Email Address _____ *Parent Phone _____

MEMBER CLUB INFORMATION (All athletes must be registered with a Member Club.)

*Member Club Name _____ *State _____ *Club No. _____

*Contact Name _____ *Contact Email _____

PROGRAM INFORMATION Required — Write the level(s) that apply on the line provided under the discipline

Women's Artistic Level / XCEL Div. _____	Men's Artistic Level _____	Acro <input type="checkbox"/> Yes	Rhythmic Level _____	T&T <input type="checkbox"/> Yes	Group/GymFest/TeamGym Level _____
					<input type="checkbox"/> Group • Team Gym Lvl (1-10) _____ • <input type="checkbox"/> Rhy Xpress • <input type="checkbox"/> Gym Challenge
					Team Acro & Tumbling: <input type="checkbox"/> Youth <input type="checkbox"/> JR <input type="checkbox"/> SR • HUGS: <input type="checkbox"/> GIA <input type="checkbox"/> W <input type="checkbox"/> Rhy

ATHLETE/PARENT MEMBERSHIP AGREEMENT

Signature is required for acceptance of membership

In consideration of my membership in the United States Gymnastics Federation (USA Gymnastics), and my participation in USA Gymnastics sanctioned events, I agree to be bound by each of the following:

1. **Readiness to Compete:** I will only participate in those USA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in USA Gymnastics events, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, without injury.

2. **Medical Attention:** I hereby give my consent to USA Gymnastics and the Host Organization of any USA Gymnastics sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in USA Gymnastics sanctioned events.

3. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I release USA Gymnastics, the Host Organization, and sponsor(s) of any USA Gymnastics sanctioned event, along with the employees, officers and directors of these organizations (collectively the "Released Parties"), from any claims, losses or damages arising from or in any way connected with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

4. **Online Member Search:** I understand that the information provided will be listed on the USA Gymnastics online search: Athlete name, Athlete member number, Date of birth, Club number, and State. This information will be password protected and USA Gymnastics will use its best efforts to limit access to professional members of USA Gymnastics and club owners. USA Gymnastics does NOT release individual members' information to third parties.

Signature of Gymnast _____ Date _____ Primary Medical Insurance Carrier _____

* Required for any athlete who is not yet 18 years old: As parent or legal guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the conditions listed in the Athlete Membership Agreement for permitting my child to participate in any USA Gymnastics sanctioned event. I release the Released Parties from any claims, losses or damages arising from or in any way connected with my child's participation in the event, including losses or damages occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties. Whenever possible, USA Gymnastics suggests both parents/guardians be required to sign below, and the parent/guardian(s) should keep a copy of this form.

*Signature of Parent/Guardian: _____ in the state of _____ *Date: _____

Signature of Parent/Guardian: _____ in the state of _____ Date: _____

Club Representative Signature — I have checked this form and verify that all sections have been successfully completed and to the best of my knowledge are correct. I understand that failure to complete any section will result in delayed processing of this form. I have a copy, or original (if processed online), of this form on file at my club and have provided a copy to parent/guardian of the athlete.

*Signature of Club Representative: _____ *Date: _____

NOTE: Normal processing time is 5-10 business days from the date of receipt in our office. Please do not fax any form more than once. Duplicate faxes may result in duplicate charges to your credit card. When faxing groups of applications, please use a fax cover sheet indicating the total number of applications submitted. RUSH processing is an additional \$25 and guarantees membership number availability in our database and/or online membership search. If RUSH processing, your membership will be available within three business days of receipt in our office. Same day turnaround on RUSH processing requests cannot be guaranteed.

Max RUSH fee for groups of 5-20 is \$100, 4-8 weeks card delivery.

PAYMENT INFORMATION

Credit Card _____ Card # _____ Exp. Date _____

Print Cardholder Name _____ Signature _____

Cardholder Phone _____ Email (for receipt) _____

PAYMENT TOTALS

Make checks payable to USA Gymnastics

Membership Fee: **\$57**

RUSH Fee: \$ _____

TOTAL PAYMENT \$ _____

Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Athlete Membership registration fee is \$57. Full Payment required for processing. Please print clearly, and double check credit card information for accuracy.

Return completed form and payment to: USA Gymnastics, 132 E. Washington St. Ste. 700, Indianapolis, IN 46204 or by fax: 317.692.5212 Attention: Member Services

Questions? Contact Member Services at 800.345.4719 or membership@usagym.org

Office Use Only

Number _____

Rec'd Date _____

Payment Amt _____

Check No. _____

Email sent date _____

Approval _____

By _____ Other _____