

# Newport Knights Gymnastics Summer Camp!

Monday, June 30<sup>th</sup>-Thursday, July 3<sup>rd</sup>

**Who:** Boys/Girls of any skill level entering grades K-6 who want to practice gymnastics! Groups will be divided by age and skill level.

**What:** Instruction on all four gymnastics events (vault, bars, beam, floor) plus related conditioning and dance.

**Where:** Newport High School in the Outside Gym

**When:** Choose from "Session 1" which runs from 9:00 a.m.-12:00 p.m. or "Session 2" from 1:00 p.m.-4:00 p.m.  
(Both Sessions will run Monday-Thursday, for a total of 4 days)

**Cost:** \$150, \$40 discount for siblings who register at the same time (2 siblings = \$260).

**Staff:** Newport Gymnastics Team Girls (2<sup>nd</sup> place at the state meet this year!) and Melissa Baker, head coach of the Newport gymnastics team, has coached gymnastics for over 10 years.

**Questions:** Contact Melissa Baker at [bakerm@bsd405.org](mailto:bakerm@bsd405.org)

**Sign up now! Space is limited!**



**Sample Schedule:**

9:00 a.m.-9:20 a.m. Dynamic Stretching

9:20-9:50 a.m. Rotation #1 (Example: Spring board drills, jumping drills for vault, vaulting for more advanced athletes)

9:50-10:20 a.m. Rotation #2 (Example: Bars)

10:20-10:40 a.m. BREAK for snack (please bring your own snack and water bottle each day)

10:40-11:10 a.m. Rotation #3 (Example: Balance Beam)

11:10-11:40 a.m. Rotation #4 (Example: Floor exercise/Dance lesson)

11:40-12:00 p.m. Group conditioning/Games

**To reserve your spot, fill out the form below (or send your information to [freemanhouse2010@comcast.net](mailto:freemanhouse2010@comcast.net)), detach and return it along with your check (payable to Newport Gymnastics Boosters Club) to:**

Julie Freeman, Booster Club Treasurer  
4640 159<sup>th</sup> AVE SE  
Bellevue 98006

Child's name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Parent phone: \_\_\_\_\_

School/Grade (Sept. '14) \_\_\_\_\_ Age: \_\_\_\_\_

Session 1: \_\_\_\_\_ Session 2: \_\_\_\_\_ T-Shirt Size: YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_

PARENT/GUARDIAN PERMISSION: I hereby give my child permission to participate in the Newport Gymnastics Summer Camp. I also consent to any medical treatment by a physician or hospital in the event of an emergency. We will not hold Newport High School and its personal, Newport HS Summer Gymnastics Camp, members of its board, coaches or volunteers responsible for injury to our child or damage to her property which may occur while participating in the camp.

CONSENT TO MEDICAL CARE & TREATMENT: I, \_\_\_\_\_ (Parent/Guardian) authorize all medical, surgical, diagnostic or hospital procedures as may be performed or prescribed by a treating physician for \_\_\_\_\_ (Athlete Name) if I cannot be reached in case of an emergency.

Allergies or anything else we should be aware of regarding your child: \_\_\_\_\_

\_\_\_\_\_  
Signed by Parent/Guardian and Date

\_\_\_\_\_  
Emergency Contact Name & Phone Number