

CARDINAL GYMNASTICS CLASSES

Session 1: September 11th - November 7th 2023

Mondays and Tuesdays 5:15 - 6:15pm and 6:15 - 7:15pm



Have FUN and improve your gymnastics skills while in a safe and fun positive environment. Classes are divided by age and skill to ensure each participant receives the best possible instruction.

Class Sessions

Parent & Me:	Monday & Tuesday 5:15-6:15pm
4-5 yo Beginner:	Monday & Tuesday 5:15-6:15pm
6-8 yo Beginner:	Monday & Tuesday 5:15-6:15pm
9 yo+ Beginner:	Monday & Tuesday 5:15-6:15pm
Boys (4yo+):	Monday & Tuesday 5:15-6:15pm
Intermediate/Advanced:	Monday & Tuesday 6:15-7:15pm
Tumbling:	Monday & Tuesday 6:15-7:15pm

Prices

1 Day/Week

1 Child: \$115.00

2 Children: \$225.00

3 Children: \$330.00

2 Days/Week

1 Child: \$225.00

2 Children: \$450.00

3 Children: \$660.00

Location:

Health Performance
Building Room
200A

Parking:

Parking is available
after 5:00pm in all
YELLOW / GREEN
lots

Registration & Questions?

Contact Coach
Ringer at
cmringer2@bsu.edu
or (765) 285-1439



*This program is not endorsed
by or affiliated with the Muncie
Community Schools.

**In the event of a University weather closure or emergency situation, all classes will be canceled for the evening and rescheduled for a later date.*



Cardinal Gymnastics Classes Registration Form

Camper Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Address: _____
City State Zip Code

Phone: _____ Email: _____

Parent / Guardian Name: _____

Are you a high school letter winner: Y ___ N ___ Current School: _____

Grade in School: _____ Graduation Year: _____ Age: _____

Gymnastics Class Enrolling in: _____ Day: _____ Time: _____

Consent to Treat

Camper Name: _____

List any medical conditions we should be aware of: _____

List all medications currently taking: _____

Emergency Contact Information:

Contact Name: _____ Phone Number: _____

Medical Insurance Company: _____ Insurance Policy Numbers: _____

Parent / Guardian Signature

Date

Submit your registration form, waiver and payment to:

*****Make checks payable to Ball State Gymnastics**

Coach Ringer
cmringer2@bsu.edu
2000 W. University Ave.
Athletics – HP 381
Muncie, In 47306-0934

Ball State University

Release of Liability and Assumption of Risk

Acknowledgment of Risk

I, the undersigned, desire that participant, a minor of whom I am the parent having legal custody and/or the legal guardian of the estate and the person of the minor, be permitted to participate in the 2021 Sport Camp, which will be held at Ball State University. I hereby authorize my child to fully participate in the Program, with the understanding that such participation shall include, but not be limited to, use of equipment, use of facilities, and other activities involved with the Program as described herein. I understand that Ball State University ("University") encourages me to have a physical examination or health screening of my minor child and to obtain adequate health and accident insurance prior to my child's participation in the Program. I hereby certify based upon my own knowledge and consultation with a physician (if I have consulted one) that my child has no health problems that would interfere with my child's participation in the Program. I understand that the Program entails known and unanticipated risks which cannot be eliminated, including risks from running, tackling, team building activities, outdoor activities, and other activities consistent with participating in the Program. Specific risks include, but are not limited to, the following: disease (including COVID-19); sprains; fractures; scrapes; bruises and cuts; dislocations; concussions; heart attacks; heat stroke; and other serious injuries (whether physical, emotional, and/or psychiatric or any combination thereof), including to the head, back, or neck, which can cause paralysis or even death to my child, and which may result in loss, damage or destruction of my or my child's personal property. I further understand and appreciate that such illness, injury, loss, or damage may be caused by the negligence of the University or any of its employees, agents, contractors, or volunteers. The participation of my child in the Program is purely voluntary, and I elect for my child to participate in the Program in spite of the risks. I am voluntarily assuming the risks and I understand that the University will not be responsible for any property loss or damage, or for any physical ailment or injury, including death, sustained by my child while participating in the Program.

Release of All Claims

In consideration of my child's participation in the Program, I, the undersigned parent or legal guardian, agree to release and on behalf of myself, my child, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the University, its Board of Trustees, officers, employees, and agents from any liability, actions, causes of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence on the part of the University, its Board of Trustees, officers, employees, contractors, agents, or volunteers, which I or my child may have as a result of any personal injury, property damage, permanent disability, or death my child may suffer in connection with my child's participation in the Program.

Ball State University

Release of Liability and Assumption of Risk

Indemnification of the University

In consideration of my child's participation in the Program, I, the undersigned parent or legal guardian, further agree to DEFEND, INDEMNIFY, AND HOLD HARMLESS the University, its trustees, officers, agents, and employees from any and all causes of action, claims, demands, liability, losses, or costs of any nature whatsoever, including, but not limited to, attorney fees, court costs, and investigatory costs, arising out of or in any way relating to my child's participation in the Program.

Medical Authorization

I understand and agree that neither the University nor any of its trustees, officers, employees, agents or volunteers accept any responsibility for providing medical care services for my child and that the cost of any medical care services that my child may need remain my responsibility. In the event of a medical emergency for my child, I request that the individual named immediately below be contacted, and I agree that the officers, employee, or agents of the University are hereby authorized to consent to emergency medical treatment for my child on my behalf. I understand and agree that all costs of any such treatment are my responsibility and not that of the University or any of its officers, employees, agents, or volunteers. I, for myself, my child, my heirs, representatives, executors, administrators, and assigns, hereby waive, release, discharge, and hold harmless the University, its Board of Trustees, officers, employees, agents, and volunteers from any liability, actions, causes of action, claims, or demands of any nature whatsoever, either in law or in equity, including based on the alleged negligence of any of them, in connection with any decision of any of the University's officers, employees, agents, contractors, or volunteers to obtain emergency medical treatment for my child.

Photo/Video/Audio Release

I hereby grant and convey unto the University, acting through one of its officers, employees, agents, contractors or volunteers, to take and utilize, royalty-free, any and all photographic images and video or audio recordings taken of my child while participating in the Program. The University retains any and all intellectual property rights in any such photographic images or video or audio recordings of my child and may utilize such images or recordings for any purpose the University may determine in its sole discretion.

Ball State University

Release of Liability and Assumption of Risk

Governing Law and Venue

This Release constitutes the sole and entire agreement made between the parties and supersedes all prior negotiations, written and oral, conversations, correspondence, representations, agreements, proposals, and other communications regarding the subject matter hereof. Any amendment(s) to this Release shall not be valid unless made in writing and signed by both parties. Should any portion of this Release be found invalid or unenforceable, then to the extent that such portion is invalid or unenforceable, it shall not affect the validity or enforceability of any other portion of this Release. This Release shall be construed, and legal relations between the parties hereto shall be determined, in accordance with the laws of the State of Indiana applicable to contracts solely executed and wholly to be performed within the State of Indiana without giving effect to the principles of conflicts of laws. Any dispute as to any matter in this Release shall be brought in the state or federal courts of Indiana, and venue shall be in the state courts of Delaware County, Indiana or in the federal district court for the Southern District of Indiana, Indianapolis Division.

Agreement to the Terms of this Release

I certify that I am at least 18 years old and have read and understand the terms of this Release. I understand that by signing this Release I am relinquishing substantial legal rights that both my child and I possess, including the possibility of recovery for injury, whether the injury results from the inherent risks of the Program or the ordinary negligence of the University, its Board of Trustees, officers, employees, agents, contractors, or volunteers. I am signing this Release, after having carefully read the same, of my own free will, and by doing so, fully intend to release the University, its Board of Trustees, officers, employees, agents, and volunteers from liability or loss due to the inherent risks of the Program or the negligence of the University, its Board of Trustees, officers, employees, agents, contractors, or volunteers. In witness whereof, I have signed this Release on this day.

Parent / Guardian Signature

Date