



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# Greensburg YMCA Gymnastics Team

## Greensburg Aerials

**Gymnastics Team Dues: Per Month (Level 3 - 9)**

1 <sup>st</sup> Child	\$122.00
2 <sup>nd</sup> Child (same family)	\$109.80(10%)
3 <sup>rd</sup> Child (same family)	\$91.50(25%)

**Gymnastics Team Dues: Per Month (Level 2)**

1 <sup>st</sup> Child	\$84.00
2 <sup>nd</sup> Child (same family)	\$75.60 (10%)
3 <sup>rd</sup> Child (same family)	\$63.00 (25%)

**Gymnastics Team Dues: Per Month (Pre Team)**

1 <sup>st</sup> Child	\$40.50
2 <sup>nd</sup> Child (same family)	\$36.45 (10%)
3 <sup>rd</sup> Child (same family)	\$30.38 (25%)

Each gymnast must have a current Greensburg YMCA membership through the season and must also be set-up for draft or dues paid in full for the season by July 22, 2016.

Athlete's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

Email (Required for updates related to the program): \_\_\_\_\_

Gender:        M        F        Age as of May 1, 2016: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Waiver: It is understood that I release the Greensburg YMCA and its employees, agents, and volunteers from all liability of any sort and they may be held harmless and indemnified for any accidents or injuries sustained by myself or my child. *The Greensburg YMCA has the right to cancel classes due to lack of enrollment. Refunds will only be given if a team is cancelled by the YMCA. Credits only issued before or after first week of swim team, see Y payment policy for the amount.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration and payments can be completed at the Greensburg YMCA Welcome Center  
or online at [www.greensburgymca.org](http://www.greensburgymca.org).  
For more information please contact Kari Harkins at [aerialcoach@yahoo.com](mailto:aerialcoach@yahoo.com) or 724-834-1367.**

Administrative Use Only:  
Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Emp. Int.: \_\_\_\_\_



**The YMCA will not turn away for the inability to pay. Ask about our financial assistance.**