



# ICON GYMSPORTS SKILLS CHALLENGE SATURDAY 16TH SEPT 2017



### DO YOU WANT TO:

- KNOW WHERE YOUR CHILD IS UP TO WITH THEIR GYMNASTICS SKILLS?
- KNOW IF THEY'RE READY TO PROGRESS TO THE NEXT LEVEL?
- SEE IF THEY WOULD BE SUITABLE FOR A COMPETITIVE PROGRAM?
- GIVE THEM A FUN OPPORTUNITY TO PERFORM THEIR GYMNASTICS AND RECEIVE A MEDAL?

Then send them along to the Term 3 Skills Challenge. All gymnasts will be assessed on the skills they have been working on during their gym classes this term, there will be no pressure it is a FUN and ENCOURAGING environment. They will receive a certificate detailing where they are up to and ALL gymnasts will receive a medal!

**DATE:** Saturday 16<sup>th</sup> September 2017

**TIME:** Sessions will go for approximately 1.5hours. Depending on numbers we may have 2 sessions, one starting at 4pm and one starting at 6pm. Exact times will be confirmed after entries close.

**COST:** \$25 per gymnast.

**ENTRIES CLOSE:** Entries must be received and paid for by Saturday 2<sup>nd</sup> September 2017

**Email:** [info@icongymsports.com](mailto:info@icongymsports.com) **Phone:** 9482 4341 **Address:** Icon Gymsports 19-21 Leighton Place Hornsby 2077

## ICON GYMSPORTS – SKILLS CHALLENGE TERM 3 2017

Child's Name..... Female/Male    Child's age.....

Contact Name & Email: .....

Choose your current class level:

**RECREATIONAL**    **BRONZE**    **BOYS BEGINNER**    **BOYS ADVANCED**    **SILVER**    **GOLD**    **ADVANCED REC**

During the skills challenge we will be looking out for gymnasts who may be suitable to join a competitive squad.

Would you be interested in this opportunity? **PLEASE CIRCLE** Yes/No

Amount \$..... paid (\$25 per gymnast)

**Direct Deposit:** Icon Gymsports BSB 062 181 Acc#1063 2588 (Reference –Name-skills)

**Credit Card:** Details not accepted on this form, in the gym only

**Cheque:** Payable to Icon Gymsports

Please note no refunds are available unless a medical certificate is provided in which case, a \$10 administration fee will be charged.  
As parent/guardian, I give consent for my child to participate in the above clinic and agree to delegate my authority to the staff involved. I give permission for Icon Gymsports to take photos of my child whilst at the gym and for these photos to be used for advertising purposes.

Signed..... (Parent/guardian)

Medical Information (allergies/asthma action plan)

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