



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Loya Family YMCA Oct. Youth Programs

1-Day Classes

Tuesday:

___: Intro Gymnastics 5:30pm - 6:00pm
(6-12yrs)

___: Intro Gymnastics 6:00pm - 6:30pm
(3-5yrs)

___: Intro Gymnastics 6:30pm - 7:00pm
(6-12yrs)

___: Intro Gymnastics 7:00pm - 7:30pm
(3-5yrs)

Wednesday:

___: Kidz Zumba 5:30pm
(6-12yrs)

Saturday: (Bi-weekly)

___: Archery 9:00am - 11:30 am

Classes on Oct 16th & 30th

Member Price:

\$5.00 for 1-Day classes

\$10.00 for 2-Day classes

Non-Member Price:

\$32.00 for 1-Day classes

\$50.00 for 2-Day classes

2-Day Classes

M/W

___: Level 1 Gymnastics 5:00pm - 6:00pm
(6-12yrs) *Instructor approval needed*

___: Level 2 Gymnastics 6:00pm - 7:00pm
(6-12yrs) *Instructor approval needed*

___: Flexibility & Tumbling 7:00pm - 7:30pm
(9 yrs. & up)

T/TH

___: Beginner Martial Arts 5:00pm - 6:00pm (7yrs & up)

___: Advanced Martial Arts 6:00pm - 7:30pm (7yrs & up)

Instructor approval needed



All classes, dates, times and schedules are tentative and subject to change according to class size & student participation. Classes have been adjusted to ensure social distancing. Facemasks are required within facility participants may remove facemasks during class at parents/guardians discretion.

Child Name: _____ Age: _____ DOB: _____

Address: _____ Zip: _____ Best phone contact : _____

Release of Liability/ Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the YMCA of El Paso, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any photographic image of the participant, herein, taken during program or activity for use in any YMCA of El Paso publication. I further agree to abide by all of the YMCA of El Paso policies and procedures. Print Parent's Name: _____ Parent's Signature: _____ Date: _____