Concho Valley Gymnastics – Fall Classes – Start Aug 17TH, 2026
101 N. Oakes San Angelo, TX 76903
325-482-8878 www.conchovalleygymnastics.com

Select Class:

Parent & Tot (12 months – 3 years)
- ☐ Wednesday 10:00-10:45
- ☐ Saturday 10:00 – 10:45

Kindergym (3-5 years)
- ☐ Monday 4:30-5:15
- ☐ Tuesday 9:30-10:15
- ☐ Tuesday 5:30 – 6:15
- ☐ Wednesday 4:30-5:15
- ☐ Wednesday 5:30-6:15
- ☐ Thursday 9:30 – 10:15
- ☐ Thursday 5:30-6:15
- ☐ Saturday 11:00 – 11:45

Advanced Kindergym(coach approval)
- ☐ Monday 5:30 – 6:30
- ☐ Wednesday 5:30-6:30

Advanced Gymnastics (coach approval)
- ☐ Monday 4:00 – 5:30
- ☐ Wednesday 4:00-5:30
- ☐ Friday 4:00-5:30

Tumbling (6-12 years)
- ☐ Tuesday 4:30 – 5:30
- ☐ Wednesday 4:30 – 5:30

Beginner / Intermediate Gymnastics (6 – 12 years)
- ☐ Monday 5:30-6:30
- ☐ Tuesday 4:30-5:30
- ☐ Tuesday 5:30 – 6:30
- ☐ Wednesday 5:30 – 6:30
- ☐ Thursday 4:30 – 5:30
- ☐ Thursday 5:30 – 6:30
- ☐ Friday 4:30-5:30
- ☐ Saturday 11:00 – 12:00

☐ Coach approval for upper-level class
_____

**Open Gym:
Saturday 12:00-1:00

Prices: There is a **$35 annual registration fee per individual** due when you sign up.

Parent & Tot, Beginner/Intermediate,
Tumbling (Beg./Adv.), Kindergym (Beg/Adv.):
1 time / week - $72/ month
2 times / week – $125 / month
3 times/week -- $170/month

Advanced Gymnastics:
1 time / week - $85/month
2 times / week - $135/month
3 times/ week - $180/month

Student Information:

Student's Name: _____ Age: _____ DOB: _____ M/F

Mailing Address _____ E-mail Address:_____

City, St._____ Zip_____ Home Ph # _____

Mother's name_____ Work Ph # _____ Cell # _____

Father's name_____ Work Ph # _____ Cell # _____

Other Emergency contact:_____ #: _____ Relationship:_____

Medical Information:

Please list any medical conditions that your child has that we should be alerted to.
_____

Child's Physician: _____ Ph #: _____

Medical Insurance Company _____ Policy or Group # _____

Acknowledgment of Risk and Waiver of Liability and Media Consent

You agree that you are aware that your child named below will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that may result. You hereby agree to waive any claims or rights that you might otherwise have to sue Concho Valley Gymnastics, its employees, owners, officers or agents for injuries that may occur as a result of these activities. We will make no evaluation or recommendation whether your child is physically fit for any exercise activity. If your child has any physical condition that may impair their ability to engage in these activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I give permission for Concho Valley Gymnastics to use photos/videos of my child on CVG Website, Facebook page, CVG YouTube channel or other CVG advertisements displaying the fun and excitement of CVG.

Child's Name:_____

Parent or Guardian Signature: _____Date:_____