



# **COMPETITION INFORMATION 2024-2025**

**\*\*Skill Evaluation/level placements will take place the last week of summer classes. Levels and practice times will be announced Friday August 9<sup>th</sup> before 8PM**

Competitive Teams are available to a select group of kids ages five and over who have shown a high level of skill proficiency and potential as well as a desire to show off their talents in a competitive environment.

The Competition Team consists of athletes who have a LOVE for gymnastics and want to work to improve and perfect their skills.

**Practices:** (Tentative) \*below schedule structure and class times/length may change slightly

The girls and boys will practice 1-2 a week, + 3<sup>rd</sup> practice day optional  
Practices days and times August-April will be announced August 9<sup>th</sup> by 8:00PM

Level 1 practices 1.5 hrs 1-2x per week

Level 2-3 practices 2 hrs 2x per week

Level 4+NO-AO practices 2.5 hrs 2x per week

Attendance is required the week prior to each meet.

Practice Times may Change in January Depending on Schedules.

Practice days Monday-Thursday 3:45-9pm Friday 4-8 Saturday-Sunday TBD

If you are not going to be at practice, please let a coach know

**Expectations:**

- Wear your practice leotard the 2nd practice of the week.
- Leotards are required attire for practice. You may wear tight shorts with your leotard. No baggy shirts/shorts.
- Hair pulled back in a ponytail or bun that will not get in the way during practice.
- No running and messing around during practice.
- Be respectful to others.
- TRY YOUR BEST!

\*Fundraising opportunities are available. If any parent has ideas or would like to help with fundraisers, please let Timary know!

\*Competition parents will be asked to work shifts (concessions, gate, tables, ect) at our Home Gymnastics Meet(s) in January-April. 2 sessions per competitive gymnast on the team is required. Additional sessions may be worked! \*\$50 per required session will be charged to the gymnast account if the session is NOT worked.

\*Gymnasts level placements are decided by coaches. \*Coaches take skill level, attitude, attendance in class, participation in meets, and safety into consideration when placing gymnasts in levels!

**Scoring:** Each meet is run a little differently. The girls will be competing against other girls their age at the same level.

**Cost:**

All fees will be taken out on the 5th of each month payment method Kept on File.

Meet fees are included in the monthly payments.

\*Pricing is based off last year's purchases and new quotes. Pricing is subject to increase or decrease depending on orders.

January 2<sup>nd</sup> is the last day to let Timary know via email if your child will not be attending any of the gymnastics meets. After January 2<sup>nd</sup> you will not be refunded meet fees even if your child does not attend that meet.

Meet fees are included in the monthly payments.

**Meets:**

We host an exhibition meet where your son/daughter can show off her routines to their family and friends. This is great practice before we compete at other gyms.

Gymnasts can compete at multiple meets throughout the season. All Team athletes **must** compete at a minimum of 3 meets throughout the year. Most of the meets are located in eastern Nebraska. They run from January-April/May. Most meets are on Saturdays and Sundays with possible Friday Sessions. Fantastic Gymnastics will be hosting our 4<sup>th</sup> annual meet at FHS in March or April! There may be an opportunity to host a meet in Beatrice. Meet registration fees are paid in your monthly payments. We will not know the time your son/daughter will compete until 1-2 weeks before the meet.

**IMPORTANT DATES-**

August 19<sup>th</sup> - Competition Practices Begin

September 2<sup>nd</sup>- CLOSED for Labor Day

September 9-13 Mandatory Parents meeting

November 10-14 Professional Pictures

November 27-30<sup>th</sup>- CLOSED for Thanksgiving

December 16<sup>th</sup> Exhibition Meet in Adams

December 19<sup>th</sup> Christmas Party in Beatrice

December 22-January 1<sup>st</sup>- CLOSED for Winter Break

April 20<sup>th</sup>- CLOSED for Easter

# BREAKDOWN OF PAYMENTS

2024-2025 GIRLS COMPETITION TEAM								
	AUGUST 1-5	SEPTEMBER 5 <sup>TH</sup>	OCTOBER 5 <sup>TH</sup>	NOVEMBER 5 <sup>TH</sup>	DECEMBER 5 <sup>TH</sup>	JANUARY 5 <sup>TH</sup>	FEBRUARY- APRIL 5 <sup>TH</sup>	
WHAT YOU'RE PAYING FOR	AmeriKids Fees/Insurance  Annual Registration Fee  ½ August Practices	Team fee payment 1 (Tuition, Meet Fees, Coaches, music, education, misc. team expenses)  Spirit gift fee	Team fee payment 2 (Tuition, Meet Fees, Coaches, music, education, misc. team expenses)	Team fee payment 3 (Tuition, Meet Fees, Coaches, music, education, misc. team expenses)	Team fee payment 4 (Tuition, Meet Fees, Coaches, music, education, misc. team expenses)	Team fee payment 5 (Tuition, Meet Fees, Coaches, music, education, misc. team expenses)	Tuition	
LEVEL 1	\$148	\$282	\$252	\$252	\$252	\$252	\$112	
LEVEL 2-3	\$148	\$282	\$252	\$252	\$252	\$252	\$112	
4 + OPTIONAL LEVELS	\$148	\$310	\$280	\$280	\$280	\$280	\$140	

Add on options available						
Competition Leotard \$174 Charged in August	Warm Up \$160 Charged in September	Backpacks \$45-\$85 Charged in September	Grips \$87	3 <sup>rd</sup> Practice Day \$30/mo	Additional practice leotard \$60 Charged in July/August	

**Payment options available- Communicate with Timary**



## 2024 COMPETITION SCHEDULE

**January 12 Exhibition meet at Fantastic Gymnastics**

February 17-18 Chalk it Up Classic @ Lincoln, NE

February 24-25 Ord Invitational @ Ord, NE

March 9-10 Heartland Invite @ Columbus, NE

March 15-16 Easter Bunny Invite @ Oakland, NE

April 6-7 Solid Rock Invite @ Solid Rock in Lincoln

April 13-14 Norfolk Spring Fling @ Norfolk YMCA

April 20-21 Fantastic Gymnastics Invite @ Freeman School

April 27-28 District Meet in York, NE

**Fantastic Gymnastics, LLC,  
4Ever Fit Fitness and Performance DBA Fantastic Gymnastics, LLC  
Acknowledgement, Authorization and Release Form**

I, the undersigned parent/legal guardian, do hereby give consent for my son/daughter or self to participate in the training and activities provided by Fantastic Gymnastics, LLC, 4Ever Fit Fitness and Performance, dba Fantastic Gymnastics, LLC, 4Ever Dance, dba Fantastic Gymnastics, LLC.

I understand and acknowledge (child's name or self) \_\_\_\_\_'s participation in the activities provided by Fantastic Gymnastics, LLC includes but is not limited to all aspects of cheerleading, tumbling, stunting, trampoline, dance and training and/or competition, as well as travel to or from any related events. I am fully aware of the nature of the activities involved and the possibility of physical illness or injury (minimal, serious, and catastrophic – including death) which may arise from participating in such activities. I understand any such injury could be sustained while at the Fantastic Gymnastics LLC facility or at any one of many competition facilities. If I feel conditions are unsafe, I acknowledge that I have full authority to remove my child from the event.

I certify my child or myself is in good physical condition to participate in all related activities. In the event of injury, I grant permission to any representative of Fantastic Gymnastics, LLC to authorize any emergency medical transportation, medical attention, treatment, surgery, or administration of any drugs by qualified and licensed medical professionals. I understand the emergency contact{s} listed below will be notified as soon as possible in the event of such an emergency, and that any and all transportation, medical or other expenses associated with such injury will be entirely assumed by me or my insurance company.

I hereby agree to voluntarily release, hold harmless, indemnify and covenant not sue Fantastic Gymnastics, LLC, including it officer, agents, coaches, and employees for any and all claims of liability, injury, negligence, actions or rights of action, which are in any way related to, arise out of, or are in any way connected to my or my child's participation in Fantastic Gymnastics, LLC activities. This further includes, but is not limited to, claims of dangerous condition, premises liability, failure to warn, negligent supervision, negligent maintenance, negligent hiring and improper or dangerous equipment.

I understand Fantastic Gymnastics LLC produces promotional materials, and that myself or my son/daughter may be included in videos or photography taken during practices, competitions, parties or other and all related events. I hereby grant Fantastic Gymnastics LLC, its successors, assignees, licensees, sponsors, television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter, and further to utilize my or my son/daughter's name, face, likeness, voice and appearance in advertising, promotions, websites and social media without reservation or limitation. In granting this license, I understand Fantastic Gymnastics LLC is under obligation to exercise such rights, licenses or privilege granted herein.

I certify that I have read this 'Acknowledgment, Authorization and Release Form in its entirety and understand that by signing it I am freely giving up substantial rights without any inducements or assurances, and intend for it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is found to in invalid, the balance notwithstanding shall continue in full force and effect.

SELF OR CHILD'S LEGAL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

SELF OR PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

SELF OR PARENT/LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_

SELF OR PARENT/LEGAL GUARDIAN'S EMERGENCY CONTACT NUMBER(S): \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_ FANTASTIC GYMNASTICS WITNESS: \_\_\_\_\_



# Competition Gymnastics Registration Form

Gymnasts Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_

Gymnasts Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_

Gymnasts Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ AGE: \_\_\_\_\_  
\_\_\_\_\_

Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Guardian 2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**If you are new to Fantastic Gymnastics list any Cheerleading, Gymnastics, or Dance experience:**

**Any additional information you would like us to know:**

**What level does your athlete desire to be placed on? (Circle one) 1 2 3 4 Prep NO IO AO OO**

Leotard Size: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Special Considerations:  
\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

# Signature sheet for 2024-2025 Gymnastics Expectations

Upon signing these expectations, Parents and gymnasts will follow all coaches/owners' guidelines set each year and expectations.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Letter of Intent to Pay

In the case that my child, \_\_\_\_\_, does or does not continue gymnastics for any reason after making the team, I, \_\_\_\_\_, accept all financial responsibility for the cost of items ordered that cannot be returned and refunded.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

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In addition to a Home Meet in Adams, would you like to see a gymnastics meet held in Beatrice during the 2024-2025 Season?

Please Circle one: **YES** or **NO**

Would you be interested in being a **committee leader** for a home meet?

Please Circle any areas that apply.

Adams:  
Decorations  
Hospitality  
Awards  
Concessions  
Admissions  
Cotton Candy/Bake Sale  
Fundraising

Beatrice:  
Decorations  
Hospitality  
Awards  
Concessions  
Admissions  
Cotton Candy/Bake Sale  
Fundraising

Is there anything else you would like us to know or consider?

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