

# Sweet Pea Fitness

**ONSITE!**

*Dance & Gymnastics Enrichment*

**CONTACT:**

Mandy Elrod  
330-592-3580

sweetpeafitness@gmail.com  
sweetpeafitness.com

**SUMMER  
SEMESTER 2024**

**Summer Dance & Gymnastics COMBO class:**

*Every Thursday\*: June 20-August 8*

*\* 6 weeks. \*No class July 4 or Aug. 1*

This summer we will explore dance and gymnastics through two themes- A Visit to the Beach and Jungle Jam! We will focus on tumbling and balance beam as well as creative movement, simple choreography, locomotor skills and stretching. Participation will support your child's cognitive development (listening and following directions) and life skills (self-confidence, teamwork, responsibility, friendship and sportsmanship). Nurturing the love of movement and motor skill development at an early age can help promote continued participation in physical activity and sports.



*Munroe Falls*

*Small Steps Big Strides*



**30 minute classes are for girls and boys ages 2-5, during school hours.**

**Enroll at anytime!  
Activities are presented in a FUN and SAFE manner, keeping with the current trends in our industry.**

**PAYMENT: Pay for the entire Summer Semester: \$82.50  
OR make two tuition payments: \$41.25 due June 20 and July 18**

Pay by: Cash, Venmo@Amanda-Elrod-8, Zelle@3305923580, or Check payable to Sweet Pea Fitness. THANK YOU!



**Enrollment Slip for Sweet Pea Fitness:**

Student: \_\_\_\_\_ Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

I understand that enrolling my child in Sweet Pea Fitness is voluntary and agree to pay tuition: Tuition is \$82.50, regardless of absences. **\*\* \_\_\_\_\_ Parent Signature**

I understand that any physical activity carries the risk of physical harm. On behalf of myself and my minor child, I assume the risk, that my child could suffer injury as a result of participation in dance or gymnastics class. I hereby release Sweet Pea Fitness, LLC, it's owner and it's employees from any liability arising out of injuries to my child in the event of accident or injury.

**\*\* \_\_\_\_\_ Parent Signature**

Please list any medical conditions: \_\_\_\_\_

**SSBS Munroe Falls SUMMER 2024**

OK to photograph? Yes  No