

**Dynamite Academy of Gymnastics**

**Rockets Program**

**Enter to Win a Free Session**

**Through generous donations and fund raising during the April 2015 DAG Autism Fair, we are pleased to offer a Rockets Program Session (8 weeks of classes), a $200 value,**

**To a child on the Autism Spectrum!**

**Please complete the information form attached and return to**

**Dynamite Academy of Gymnastics**

**By May 14, 2016.**

**Forms can be mailed, e-mailed, or dropped off**

**Drawing will be held on May 21, 2016 during our annual DAG Autism Fair.**

**REQUIREMENTS AND IMPORTANT INFORMATION FOR DRAWING**

* **New students only. Current students not eligible.**
* **Child must be between the ages of 4 and 16 years old**
* **The raffle includes the cost of the 8 week session ONLY. At the start of the session, a $30 yearly membership fee must be paid by the recipient/family.**
* **Class will be a 1:1 ratio.**
* **Student information sheet and waiver must be signed before first class.**
* **Evaluation session must be scheduled with instructor before start of session.**
* **Free session must be scheduled during Session 1 (August 27, 2016 to October 21, 2016) or Session 2 (October 22, 2016 to December 16, 2016).**
* **Class day and time to be scheduled between instructor and child’s parent/caregiver.**

130 Scott Road Building 4, Waterbury, CT 06705 203-419-0661 dynamiteacademyofgymnastics@gmail.com

**Dynamite Academy of Gymnastics**

**Rockets Program**

**Enter to Win a Free 8 Week Session**

The information asked for below is for the sole purpose of providing the best match between student and instructor. All information is confidential and will not be used for any other reason.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender of Child M / F

Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the child’s specific diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the child communicate? Circle all that apply

Verbal Non-Verbal Sign Language Picture Exchange Gestures Behavior Ipad/Iphone

Does the child have any physical limitations? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the child exhibit any aggressive behaviors, i.e. hitting, biting, throwing objects, etc.? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the child have any other behavioral concerns, i.e. self-stimming, OCD, running away, etc.? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Winner will be contacted by phone.**

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