

SUMMER CHEER TUMBLE ENTRY FORM

Summer 2019 (Age 4 & up)

NAME	AGE	DATE OF BIRTH
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PARENT'S NAME	HOME)	TELEPHONE WORK)	(CELL)
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MAILING ADDRESS	CITY	ZIP
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EMAIL ADDRESS

YEARS CHEER	GRADE ENTERING	SCHOOL
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\$75.00

RECEIPT No.

CHECK PAYABLE TO: BROOKHAVEN RECREATION DEPT.

Payment due with registration form.

June 11,18,25,July 2, 9 Only on Tuesday(Once a week for 5 weeks)

Five weeks Session - \$75.00

 10:00-11:00 Fundamentals of Tumbling for beginners

(Skills taught includes: rolls, handstands, backbends, cartwheels, kick overs)

NO TRAINING OR SKILLS ARE REQUIRED FOR THIS CLASS

 11:00-12:00 Intermediate/Advance

(skills taught include round offs, walk overs, back handsprings)

**ATHLETES IN THIS CLASS SHOULD HAVE MASTERED FUNDAMENTALS
OF TUMBLING SKILLS**

OVER

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
BIRTHDAY IS child _____.

BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN
AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

CHEER

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY,
(OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD
MAY EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR
ATTENDING A RECREATIONAL ACTIVITY SPONSORED, OPERATED OR
CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND
ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE
NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY
CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING
IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES. THE
RECREATION DEPT. HAS PERMISSION TO USE ANY PHOTOGRAPHY TAKEN
DURING THE CLASSES FOR PUBLICITY PURPOSE. I HAVE READ AND
UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED _____

DATE _____