

# 2019-2020 GYMNASTIC ENTRY FORM

**Tumble Classes**

Class time \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT'S NAME (HOME) TELEPHONE (WORK) (CELL) YES NO  
TEXT

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ STUDENT CELL \_\_\_\_\_

TIME OUT OF SCHOOL \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ SCHOOL \_\_\_\_\_

YEARS OF GYMNASTIC \_\_\_\_\_

\$50.00 RECEIPT NO. August \$35.00

\$10.00 Registration fee (due with form) RECEIPT NO.

**August Fee - \$35.00**

**Monthly fee - \$50.00** First Class - Monday, August 12

CHECK PAYABLE TO: **BROOKHAVEN RECREATION DEPT., P.O. Box 231,  
Brookhaven, Ms 39602**

**Classes on Monday in Building 1 and we will call you on the  
time.**

**Must be 3 years old by December 1<sup>st</sup>. All classes are 45 minutes.**

# OVER

**RELEASE, PHOTO AGREEMENT, PAYMENT AGREEMENT BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT  
parent  
AND/OR GUARDIAN OF THE MINOR CHILD \_\_\_\_\_

Child

WHOSE BIRTHDAY IS \_\_\_\_\_.  
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:

GYMNASTIC

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. I HAVE READ AND UNDERSTOOD  
THE ABOVE RELEASE AND AGREE TO ITS TERMS. THE RECREATION DEPARTMENT HAS  
PERMISSION TO USE ANY PHOTOGRAPHY TAKEN DURING THE CLASSES FOR PUBLICITY  
PURPOSE. I AGREE TO PAY MONTHLY TUITION UNTIL I HAVE NOTIFY THE  
RECREATION DEPT. IN WRITING. I HAVE READ AND AGREE TO THE BROOKHAVEN  
RECREATION DEPARTMENT POLICY THAT IS ATTACHED.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_