2020-2021 GYMNASTIC ENTRY FORM

Tumble Classes
AGE 5 AND UP

NAME	AGE		DATE OF BIRTH			
				YES	NO	
PARENT'S NAME HOME	TELEPHONE	WORK	CELL		Text	
MAILING ADDRESS			CITY	ZIP		
EMAIL ADDRESS	STUDENT CELL					
TIME OUT OF SCHOOL	GRADE ENTERING SCHOOL			OOL		
YEARS OF GYMNASTIC						
\$50.00 PER MONTH (P. \$10.00 Registration				RECEIP	T NO.	

CHECK PAYABLE TO: BROOKHAVEN RECREATION DEPT., P.O. BOX 231, BROOKHAVEN, MS. 39601 PHONE-601-833-3791

CLASSES START THE WEEK OF AUGUST 31, 2020 IN BUILDING 1 AT RECREATION DEPARTMENT AND WE WILL CALL YOU ON THE TIME.

Monthly fee- \$50.00 (45 minutes classes)

Instructor - Lisa Pruden and Skye Pruden

OVER

RELEASE FORM, PHOTO AGREEMENT, PAYMENT AGREEMENT
I, AM THE NATURAL PARENT AND/OF
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:
GYMNASTICS
I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR

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 PURPOSES. I AGREE TO PAY MONTHLY TUITION UNTIL I HAVE NOTIFY THE RECREATION DEPT. IN WRITING. I HAVE READ THE ABOVE RELEASE AND AGREE TO ITS TERMS AND POLICY THAT IS ATTACHED.

SIGNED	DATE