

# 2021-2022 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 PER MONTH** (Payment due with form) RECEIPT NO. \_\_\_\_\_  
**\$10.00 Registration Fee** (Payment due with form)

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

## **Gymnastic (Age 5-up)**

**CLASSES START AUGUST 9 IN BUILDING 1 AT RECREATION DEPARTMENT AND WE WILL CALL YOU ON THE TIME.**

           **Tot Gymnastic (Age 3,4) START AUGUST 9 IN BUILDING 1 AT RECREATION DEPT. & 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/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:

GYMNASTICS

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 \_\_\_\_\_