

2022-2023 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) (Monday classes)**
CLASSES START AUGUST 8 IN BUILDING 1 AT RECREATION DEPARTMENT AND WE WILL CALL YOU ON THE TIME.

_____ **Tot Gymnastic (Age 3,4) START AUGUST 8 IN BUILDING 1 AT RECREATION DEPT. & WE WILL CALL YOU ON THE TIME.**

_____ **Team or pre-team Fee:**

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 _____