

# 2022 SUMMER GYMNASTIC CAMP ENTRY FORM

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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 \_\_\_\_\_

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YEARS OF GYMNASTIC \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

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RECEIPT NO. \_\_\_\_\_

\_\_\_\_\_ **CAMP (Age 6-12) TIME: 10-12:00 DATE: June 20-23**  
**(Monday-Thursday) FEE: \$100.00**

\_\_\_\_\_ **TOT GYMNASTIC (AGE 3-5) DATE: June 20-23**  
**(Monday-Thursday) Time: FEE: \$50.00**  
**We will call for time. 45 minute Classes**

\_\_\_\_\_ **TEAM & PRE TEAM GYMNASTIC (Monday-Thursday)**  
**Three hours per day Fee: \$125.00**

**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:

SUMMER 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 DEPARTMENT 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 \_\_\_\_\_