

2020-2021 TOT GYMNASTIC ENTRY FORM

Age 2, 3, 4

NAME AGE DATE OF BIRTH

PARENT'S NAME HOME TELEPHONE WORK CELL YES NO
TEXT

MAILING ADDRESS CITY ZIP

YEARS OF GYMNASTIC EMAIL ADDRESS

\$10.00 REGISTRATION FEE (PAYMENT DUE WITH FORM) RECEIPT NO.

\$ 50.00 (45 minutes Classes) PER MONTH RECEIPT NO.
(PAYMENT DUE WITH FORM)

CHECK PAYABLE TO: Brookhaven Recreation Department, P.O. BOX 231,
BROOKHAVEN, MS 39602 PHONE-601-833-3791

All tot classes will be at north end of railroad depot. We will call
or text you and give you your time.

Must be 3 by December 1st, 2020.

First Class - Thursday, September 3

Instructors - Skye Pruden and Lisa 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 _____