

DURHAM RECREATION YOUTH GYMNASTIC CLASS

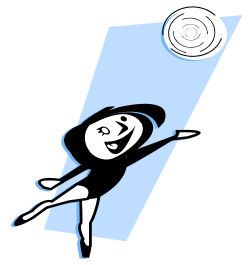
BREWSTER SCHOOL

APRIL 24, May 1, 8, and 15 session 1

May 22, 29, June 5, 12 session 2

For Students Age 3-8. Time 9:00-10:00am

For Students Age 9-17. Time 10:00am-11:00am (Now open to ages 3-8)



Youth gymnastic program will be held at Brewster School. Limit of 15 students per class. Students in class 1 will work out on bars, balance beam, vaulting horse, and tumbling. Students in class 2 will work out on tumbling skills. All should wear shorts, sweatpants or leotards.

Return the bottom portion of this form to the Durham Recreation Department, P. O. Box 428, Durham Ct. 06422. Payable to Durham Recreation. Registration Fee: \$55.00 for each session. Director Maureen Aresco.

Print Name of Student Gymnastic Program PLEASE CHECK SESSION ATTENDING: age 3-8 session 1 session 2
age 9-17 session 1 session 2

NAME _____ PHONE _____

COMPLETE ADDRESS _____

ALLERGIES/MEDICAL CONDITIONS _____

CELL PHONE _____ AMOUNT OF CHECK _____ CHECK# _____

PARENTS NAME'S _____

RELEASE

I understand that participation in this (these) programs (s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of Durham, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) programs (s) (Release applicable to phone registrations as well).

PARENTS SIGNATURE _____ DATE: _____

