**MC900057108.WMF GARDEN CITY PARKS AND RECREATION DEPARTMENTMC900199059.WMF**

**GYMNASTICS REGISTRATION FORM**

**Classes are $40 for Eight Sessions**

**Advance Beginner/Beginner Intermediate- 5pm**

**Older Beginners Advance/Intermediate 5yr. old & up- 6pm**

**Intermediate (By permission only) - 7pm**

**Advance Class- 8pm**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_**

**Name of school child attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_**

**Home Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mom’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dad’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, the parent/ guardian of the above-names minor, do hereby give my consent to his/her participation in any and all activities during the current program. I herby waive, release, absolve, indemnify and agree to hold harmless the local program, sponsors, organizers, supervisors and participants.**

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| **Parent/Guardian Signature** |
| |  | | --- | | **Date** | |