



## GARDEN CITY PARKS AND RECREATION DEPARTMENT

### GYMNASTICS REGISTRATION FORM

Classes are \$35 for 8 Sessions

(Please call for Sessions)

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 hereby waive, release, absolve, indemnify and agree to hold harmless the local program, sponsors, organizers, supervisors and participants.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# GYMNASTICS

Garden City Parks and Recreation Department  
160 B Priscilla D. Thomas Way  
Garden City, Ga. 31408  
P: 966-7788  
F: 966-7775  
Office hours M-F 8:30am-5pm