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KENT RECREATION GYMNASTICS

THIS IS A RECREATIONAL GYMNASTICS PROGRAM TEACHING BASIC TUMBLING AND GYMNASTIC APARATUS SKILLS.

THIS PROGRAM WILLBE TAUGHT BY PHYSICAL EDUCATOR AND VARSITY GYMNASTICS COACH, PAUL HAGAN

LOCATION ALL CLASSES: KENT PRIMARY SCHOOL

ELIGIBILITY: AGE 2 TO GRADE 8

REGISTRATION FEE: \$70.00 for 6 weeks

(WE MUST PAY FOR USE OF FACILITIES THE COST OF \$30.00 IS TOWARDS INSTRUCTORS FEES AND \$40.00 IS FOR USE OF CARMEL SCHOOL DISTRICT, CARMEL SCHOOLS)

STARTING DATE: SATURDAY, JANUARY 16TH 2010

THERE WILL BE NO CLASSES ON FEB 13TH, FEB 20TH, and FEB 27TH

SATURDAY CLASSES

- 8:45AM 2-4 YEAR OLDS (WITH PARENT)
- 9:30AM BEGINNERS GRADES K - 1
- 10:15AM BEGINNERS GRADES K - 2
- 11:00AM BEGINNERS GRADES 2 - 4
- 12:00PM INTERMEDIATE GRADES 2 - 3
- 12:45PM INTERMEDIATE GRADES 4 - 5
- 1:30PM INTERMEDIATE GRADES 4 - 6
- 2:15PM ADVANCED GYMNASTICS

REGISTRATION

MONDAY - FRIDAY

At the Kent Recreation Office

770 Rte 52 Carmel, NY 10512

Office Hours: 9.00AM to 5.00PM

CLASSES ARE FILLED ON A FIRST COME FIRST SERVED BASIS
FOR ADDITIONAL INFORMATION CALL THE LEISURE LINE 845-225-1400

THERE WILL BE NO REFUNDS OFFERED

NAME _____

GRADE _____

ADDRESS _____

AGE _____ PHONE # _____

SCHOOL _____

I HEREBY AUTHORIZE MY CHILD, WHOSE NAME APPEARS ABOVE TO PARTICIPATE IN THE GYMNASTICS PROGRAM SPONSORED BY THE KENT RECREATION DEPARTMENT. I HEREBY RELEASE THE TOWN OF KENT, ITS SERVANTS AND EMPLOYEES FROM ANY LIABILITY FOR PERSONAL INJURIES OR PROPERTY DAMAGE SUSTAINED BY MY CHILD IN CONNECTION WITH SUCH PARTICIPATION. IN CASE OF INJURY I AUTHORIZE KENT RECREATION OFFICIALS TO TAKE MY CHILD TO A HOSPITAL FOR TREATMENT.

SIGNATURE OF PARENT OR GUARDIAN _____