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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

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: FRIDAY, APRIL 17TH SATURDAY, APRIL 18TH 2009

THERE WILL BE NO CLASS: MEMORIAL DAY WEEKEND MAY 22nd MAYS 23rd

LOCATION: KENT PRIMARY SCHOOL

FRIDAY CLASSES

- 3:45PM BEGINNERS
- 4:30PM BEGINNERS
- 5:15PM INTERMEDIATE/ADVANCED
- 6:00PM ADVANCED

SATURDAY CLASSES

- 8:45AM 2-4 YEAR OLDS (WITH PARENT)
- 9:30AM BEGINNERS
- 10:15AM BEGINNERS
- 11:00AM INTERMEDIATE
- 11:45AM INTERMEDIATE

REGISTRATION

MONDAY - FRIDAY

At Kent Recreation Office

770 Rte 52 Carmel, NY 10512

Office Hours: 9.30AM 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 – CHECKS PAYABLE TO KENT RECREATION

NAME _____

GRADE _____

ADDRESS _____

AGE _____ PHONE # _____

NEW REGISTRANT _____

BY LAW THE TOWN OF KENT DOES NOT AND CANNOT PROVIDE MEDICAL INSURANCE FOR PARTICIPANTS IN ITS PROGRAMS.

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 _____