



# Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

## 2015 Spring Gymnastics Registration Form

Fill out form completely. Please print legibly!

Age:	Time of Class		Gymnastic Fee (payable to Epic Studios of New York)	Registration Fee (payable to Kent Recreation)
3 & 4 <input type="checkbox"/>	12:00pm – 12:45pm	Child must be age by start of program	\$75.00	\$15.00
5 & 6 <input type="checkbox"/>	1:00pm – 1:45pm		\$75.00	\$15.00
7 & 8 <input type="checkbox"/>	2:00pm – 2:45pm		\$75.00	\$15.00
9 – 12 <input type="checkbox"/>	3:00pm – 3:45pm		\$75.00	\$15.00

### Participant Information

Participant's Last Name:		First:		MI:	Birth Date:	Age:	Sex:	
							Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address:				Home Phone Number:		Secondary Phone Number:		
City:		State:	ZIP Code:	E-Mail		E-Mail 2		
		Does your child have gymnastic experience?						
		Yes <input type="checkbox"/>		No <input type="checkbox"/>				

Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes  No

If yes, please explain:

### Parent/Guardian Information

Father's Name:		Mother's Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

### Emergency Contact Information

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

### Parent or Guardian Authorization, Disclaimer and Waiver of Liability

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the gymnastic program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

### Office Use

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: <b>KENT RECREATION</b>	Check Number:	Receipt Number:

\*There are no make ups for missed classes. There are no refunds from Epic Studios after 1<sup>st</sup> class.\*

**Class times may change if class sizes do not meet minimum enrollment to warrant separate gym space. Classes have a 32 student maximum; classes are filled on a first come, first serve basis.**