

Louis M. Fernandez
Director of Recreation and Parks



Town of Kent Recreation and Parks Department
25 Sybil's Crossing Kent Lakes, NY 10512

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2017 Kent Recreation Winter Gymnastics

Registration begins Monday, December 5

Have your child learn gymnastics in a safe and proper environment; they will learn skills that will help them with balance, poise and body control. This six week course will give them a chance to have a fun experience in a brand new dedicated gymnastic facility with expert instruction all for a reasonable price.

The Town is working in cooperation with Epic Gymnastics Studio to bring this program to the public. The Epic Gymnastics Studio is located at 2031 Route 22, Brewster, NY 10509 (it is the old Gym Magic facility).

The program will run **Sundays** on the following dates:
January 15, 22, 29, February 5, 12, (19 No Class) 26

Age	Time	Class Length	Fee Payable to Epic Studios of New York	Fee Payable to Kent Recreation
3 & 4 Year Olds	12:00pm – 12:45pm	45 Minutes	\$75 per child	\$15 per child
5 & 6 Year Olds	1:00pm – 1:45pm	45 Minutes	\$75 per child	\$15 per child
7 & 8 Year Olds	2:00pm – 2:45pm	45 Minutes	\$75 per child	\$15 per child
9 – 12 Year Olds	2:00pm – 2:45pm	45 Minutes	\$75 per child	\$15 per child

Children must be the required age by the first day of class.

There are no make ups for missed classes.

Class times may change if class sizes do not meet minimum enrollment to warrant separate gym space. Classes have a 32 student maximum enrollment.

Registration forms and all fees should be brought in/dropped off/mailed to the Kent Recreation and Parks Department.

If you have any questions regarding this program please contact the Recreation Office at 845-531-2100

Registration Deadline is Friday, January 6, 2017



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2017 Winter 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"/>	2:00pm – 2:45pm		\$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 <input type="checkbox"/> No <input type="checkbox"/>							

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: KENT RECREATION	Check Number:	Receipt Number: