ELKTON PARKS AND RECREATION DEPARTMENT ELKTON AREA COMMUNITY CENTER GYMNASTICS REGISTRATION AND PERMISSION FORM

Child NAME		DOB		AGE	Male/Female	
ADDRESS		TOWN_	ST_		ZIP	
E-MAIL		HOME PHONE				
MOTHER			DOB			
FATHER		CELL PHONE		_ DOB		
SCHOOL	T-Shirt Sizes: YXS(4-5)	GRADE_ YS(6-8) YM(10-12) Y	L(14-16) AS	T- SHII AM AL	RT	
CLASS PREFE	RENCE: GYMNAST (Beam, Bars, Va	ICS (3 to 18 yrs)ult, Floor, Trampoline)				
Medical Condit	ions:					
Beginner	Previous Ex	perience		Gym Nan	<u>ie</u>	
Class Day/Time	es Preferred:					
	RELEASE FOR	RM AND AGREEME	NT STATEM	ENT		
	d appreciate the risk assoc ty involving height or mot ne head or neck.					
I may have against th Town of Elkton, or an or persons of these de	ny heirs, executors and ad e Elkton Area Community y organization in whose b epartments for injuries rec Department and the Elkto	Center, Elkton Parks and uildings and grounds this eived in participating in a	d Recreation De s activity is bein any activity spor	partment a g held, and nsored by th	nd Commission, The instructors, volunteers ne Town of Elkton	
	bove registration form. I he to be bound by them.	ave read the above ackno	wledgement an	d release. I	understand all of the	
Parent/ Legal Guardian Signat	ture			Date_		
Print				Date_		
	<u>OF</u>	FICE USE ONLY		Rev	rised 2014	
Car	d Number	ımberDay of Class				
Comments:						