Recreation Gymnastics

Registration Form

INMAN WELLNESS AND RECREATION
620-585-2050

Athletes information

First and Last Name _____ Birthday _____

Grade level for 26-27 school year _____

Parents/Gaurdian

Full Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Class

Thursday Day Class

4 Year + 1:00-1:45
- ◯ $28 for members
- ◯ $32 for non-members

4 Year + 1:45-2:30
- ◯ $28 for members
- ◯ $32 for non-members

3-5 Years old 2:30-3:00
- ◯ $24 for members
- ◯ $28 for non-members

Sunday Class

3-4 Year Olds 3:30-4:00
- ◯ $24 for members
- ◯ $28 for non-members

5-7 Year Olds 2:45-3:30
- ◯ $28 for members
- ◯ $32 for non-members

8 and older 2:00-2:45
- ◯ $28 for members
- ◯ $32 for non-members

Agreement

CONSENT: I hereby give my full permission to my (son/daughter) to participate in the Inman Recreation Commission Gymnastics Program. I agree to assume full responsibility in case of accident or injury while (he/she) is participating, traveling to or from the scheduled area, or representing (his/her) team in any manner, and do further hereby release and hold forever harmless the Inman Recreation Commission, its agents and employees, from any liability for any personal injuries, including death or property damage, which may be incurred by my child while participating, traveling to or from the scheduled area, or representing the team in any manner, including but not limited to any claim alleging that the injury or damage was caused by defective equipment owned or furnished by the Inman Recreation Commission, by defects or obstructions on real property owned by the Inman Recreation Commission, or by negligence in the supervision of my child or others. It is the responsibility of each parent/guardian to check their child's insurance for athletic injuries.

Does your child have any medical conditions or allergies that we should be aware of:

Parent/Gaurdian Signature _____