

2018 GYMNASTICS



For BOYS AND GIRLS AGES 5-12

Sponsored by Town of Wappinger Recreation
20 Middlebush Rd., Wappingers Falls, NY 12590
845-297-0720 – townofwappinger.us



Location: Oak Grove Elementary School

Dates: Mar. 3, 10, 17, 24, 31, Apr. 7, 14, 21, 28

Time: 10:00 am -12:00 pm

PLEASE SIGN-UP at Town of Wappinger Recreation Dept.

Fee: \$45 per child (Town of Wappinger Residents) no sibling discount

\$60 per child (Non-Resident (i.e. Poughkeepsie address) no sibling discount

(Make checks payable to: Town of Wappinger)

General Information: The children will be divided into 4 groups according to age and/or ability. The children will work on bars, beam, floor, dance, challenge, and vault. They will develop flexibility, strength, and given the opportunity for creativity/self-expression. Please wear appropriate clothing for gymnastics; bare feet preferable; no jewelry; no gum; only water bottles with water; tie up hair; leave valuables home; please check your child in in the hallway in the main lobby on time and sign them out each class. You will receive a call with any safety or discipline problems.

Instructors:

Dawn Turpin-Orgetas & her team of local student athletes

In case of inclement weather visit the WEB PAGE:

<http://www.wappingersschools.org/Page/3956>

Refund Policy: Full refunds will be issued up to 14 days prior to the program start date. A 50% refund will be granted up to 7 days prior to the start date. Each refund would be subject to a 5% processing fee. After that time (six days before program start), there will be NO refunds.

No refund due to weather-related incidences.

Instructor email: dawn.turpin@wcsdny.org

phone/text 845-224-4345

2018 Gymnastics Program

Saturdays, March 3-April 28, 2018 Time: 10:00 am -12:00 pm			
Child's Name:	D.O.B:	Age:	
Last, First Middle			
Address:			
No. Street	Town	State Zip code	
School Attending:	Grade:		
Mother's Name:	Father's Name:		
Home #:	Home #:		
Work #:	Work #:		
Cell #:	Cell #:		
Email:	Email:		
In the event of an emergency and neither parent can be reached please list 2 local emergency contacts:			
Name:	Phone #:	Cell#	
Relationship:	Address:		
Name:	Phone #:	Cell#	
Relationship:	Address:		
Name of Family Physician:	Phone:		
Medical Insurance and ID Number:			
Medical Information: Please check and list specifics.			
Allergies	Heart Disease/Defect	Hypertension	Chronic Illness
Diabetes	Convulsions	Bleeding/Clotting	Drug Allergies
Asthma	Behavioral Problems	Food Allergies	Other

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Parent Signature Acknowledgement: _____ Date: _____

TOWN OF WAPPINGER

PARENT/GUARDIAN CONSENT FORM

I hereby give my permission to allow my son/daughter _____ to participate in and attend _____ sponsored by the Town of Wappinger Recreation Department.

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to: sports, exercise, fitness or aerobics programs, swimming and summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and/or guardian of said child, hereby waive and release, for myself, and/or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered by my child in the regular and ordinary course of my child's participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.

Parent / Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

Emergency Phone Number: _____ Cell: _____

Circle appropriate choice:

I **DO** **DO NOT** give my permission to allow any photographs taken of my child's participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Parent / Guardian Signature: _____

Print Name: _____ Date: _____