



**2010
 ABERDEEN FALL GYMNASTICS**

GYMNASTICS REGISTRATION MAY BE HANDLED BY MAIL OR YOU MAY ATTEND REGISTRATION ON TUESDAY, SEPTEMBER 14TH FROM 6:00 TO 7:30PM – REGISTRATION AND ALL CLASSES WILL BE HELD AT THE HARFORD COUNTY COMMUNITY SERVICES BUILDING AT 34 N. PHILADELPHIA BLVD.

FIRST CLASS WILL BE HELD ON MONDAY, SEPTEMBER 20th

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| 4:30 – 5:30PM | 5 YEARS AND OLDER |
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FIRST CLASS WILL BE HELD ON WEDNESDAY, SEPTEMBER 22nd

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| 6:00 – 6:50PM | LEARNING THRU MOVEMENT 2 ½ TO 3 ½ YEAR OLDS (must be 2 ½ by the first day of class) |
| 7:00 – 7:50PM | 3 ½ TO 4 YEAR OLDS |

FIRST CLASS WILL BE HELD ON THURSDAY, SEPTEMBER 23rd

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| 4:30 – 5:30PM | 5 YEARS AND OLDER |
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FEES:

\$45.00 FOR 12 WEEKS/ ONCE A WEEK CLASSES

NO REFUNDS OR TRANSFERS

**MAKE CHECKS PAYABLE TO: ABERDEEN BOARD OF PARKS AND REC
 MAIL TO: ACPR GYMNASTICS, P.O. BOX 248, CHURCHVILLE, MD. 21028**

FOR MORE INFORMATION, CALL 410/836-2080

E-MAIL: CORNGYM@COMCAST.NET

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2010 FALL ABERDEEN GYMNASTICS REGISTRATION FORM

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|-------------------------------------|-----------------|--------------------|
| DAY: | TIME: | CLASS NAME: |
| CHILD'S NAME: | PHONE #: | |
| ADDRESS: | ZIP: | |
| DATE OF BIRTH: | AGE: | |
| PARENT'S NAME: | | |
| EMERGENCY NAME & PHONE#: | | |
| AMT PD. | CASH | CHECK # |
| | | DATE |

I agree that I will not hold the program, instructor, or the Aberdeen Board of Parks and Recreation responsible for any injuries received while participating in the gymnastics program. I understand and accept that there are inherent risks involved in participating in gymnastics and I certify, by my signature, that my child is physically capable of participating in this program. Any physical conditions or allergies that the instructor should be made aware of _____

 Parent's Signature _____ Date _____