



**2010
 ABERDEEN WINTER GYMNASTICS**

GYMNASTICS REGISTRATION MAY BE HANDLED BY MAIL OR YOU MAY ATTEND REGISTRATION ON TUESDAY, JANUARY 19TH 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, JANUARY 25TH

4:30 – 5:30PM	5 YEARS AND OLDER
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FIRST CLASS WILL BE HELD ON WEDNESDAY, JANUARY 27TH

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, JANUARY 28TH

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 WINTER ABERDEEN GYMNASTICS REGISTRATION FORM

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 _____