



GARDEN CITY PARKS AND RECREATION DEPARTMENT

GYMNASTICS REGISTRATION FORM

Classes are \$40 for Eight Sessions

3 & 4 yr. olds 4PM

5-7 yr. olds 5pm

Advance/Intermediate (By permission only) 6pm

Beginner/Advance Beginners 7pm

Child's Name _____ Age: _____ Female ____ Male ____

Name of school child attends _____

Home Address _____ City _____ Zip Code _____

Home Phone No. _____ Child's Date of Birth: _____

Mom's Name _____ Work or Cell No. _____

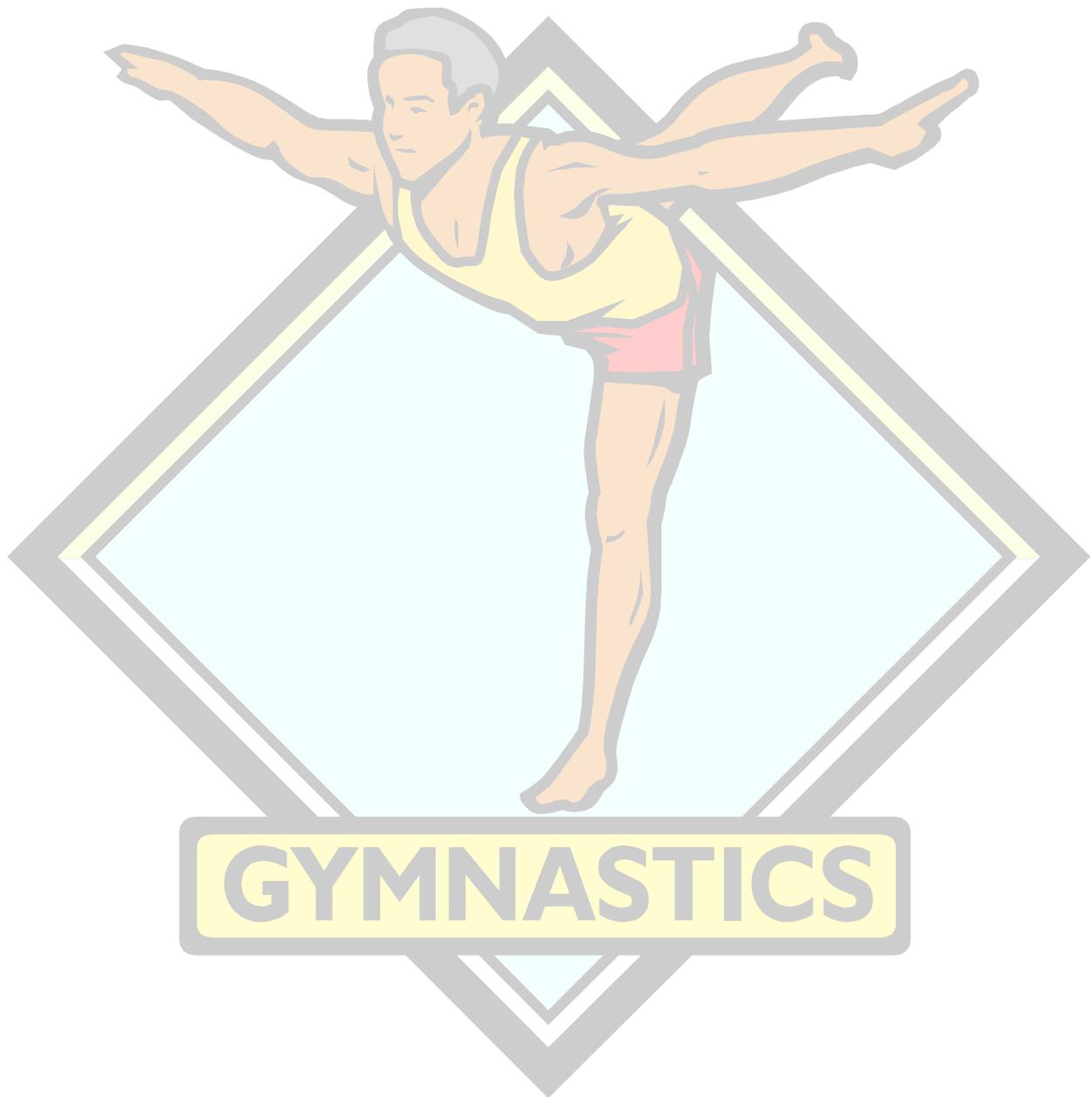
Dad's Name _____ Work or Cell No. _____

I, the parent/ guardian of the above-names minor, do hereby give my consent to his/her participation in any and all activities during the current program. I hereby waive, release, absolve, indemnify and agree to hold harmless the local program, sponsors, organizers, supervisors and participants.

Parent/Guardian Signature

Date

Garden City Parks and Recreation Department
160 B Priscilla D. Thomas Way
Garden City, Ga. 31408
P: 966-7788
F: 966-7775
Office hours M-F 8am-5pm



Garden City Parks and Recreation Department
160 B Priscilla D. Thomas Way
Garden City, Ga. 31408
P: 966-7788
F: 966-7775
Office hours M-F 8am-5pm