



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FUN YOU'LL FLIP OVER

TUMBLING CLINIC
SATURDAY, JULY 14th 10-11AM

If you are a cheerleader, dancer, gymnast or just interested in learning or upgrading your tumbling skills, this is for you!

This clinic is open to the community, for anyone who wishes to work on building or gaining tumbling skills. We will have standing tumbling, running tumbling, and other stations available, along with our trampoline.

\$10/participant | Ages 8 & up

Register online or at the front desk by filling out the back of this form.

For more information, contact Gymnastics Coordinator Courtney Mizelle at 252-972-9622 x255



REGISTER HERE!

Child 1 First and Last Name _____ D/O/B _____

Child 2 First and Last Name _____ D/O/B _____

Child 3 First and Last Name _____ D/O/B _____

Child 4 First and Last Name _____ D/O/B _____

Adult 1 First and Last Name _____ D/O/B _____

Parent/Contact Person _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

Participant's/Parent's Signature (parent signature required if age 17 or under)

Date _____