



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



STRETCH YOUR SKILLS

Gymnastics Open Gym

HARRISON FAMILY YMCA

Friday, August 3rd 6-8pm

Explore the range of possibilities and work on perfecting your gymnastics skills by attending our Open Gym!

This includes 2 hours of free play on the gymnastics equipment with supervision by YMCA Gymnastics Staff. It is an excellent opportunity to practice skills learned in gymnastics class in a safe and fun environment and at your own pace.

Open to the Community
\$10/participant | Ages 6-15

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

Food will not be provided, but feel free to bring your own.

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 _____

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 _____