

# Pre-school Gymnastics & Swim Program



Your child will tumble and move in this 30 minute gymnastics class which includes exposure to bars, horse, balance beam and activities with music. Then it's time to splash and swim in a 30 minute swim class. (Ages 3-5)

Held at Koinonia School of Sports, Rte 21, Thompson, CT

Please wear sneakers and bring a bathing suit and towel.

Sponsored by Thompson Recreation in conjunction with Koinonia School of Sports.

Thursdays, 10:30-11:30 a.m. \$96

Mar. 18, 25, Apr. 1, 8, 15, 22, 29, May 6, 2010

Checks must be written to Thompson Recreation or TRC and placed inside a clearly marked envelope with form below and returned to the school office or Town Hall. Checks can also be mailed to TRC, P.O. Box 899, No. Grosvenordale, CT 06255 Questions? Call 923-9440. Additional forms available at [www.thompsonrec.org](http://www.thompsonrec.org)

Please keep upper portion for your records.

## TRC Pre-school Gymnastics & Swim Registration (Ages 3-5) Mar. 18 - May 6, 2010

(please print and list only one child per form)

Child \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from home) \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parent Cell # \_\_\_\_\_ Parent's work # \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Emerg Contact's Phone \_\_\_\_\_

Does your child have any medical needs/conditions that the staff should be aware of? \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

If yes, you need to complete additional medical forms.

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in these classes. Photographs of my child can be used for program promotion. **Also, I give permission for my child to receive emergency medical care, if I am unavailable.** I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. I understand there is a \$20 fee for checks returned to TRC by the bank. My child may be picked up after class by the following people; I understand photo ID is required.

I have enclosed payment in the amount of \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_