

Harford County Department of Parks and Recreation
ACPR GYMNASTICS RECREATION COUNCIL
SUMMER GYMNASTICS 2019
AGES 15 MONTHS TO 5 YEARS OLD

PAY WITH
 CREDIT!
 ONLINE
 REGISTRATION

SUMMER SESSIONS

Cost: \$95.00
 8 classes total

Classes are divided by age group.
Please check the class descriptions for your child's appropriate age and skill level..
NO CLASS ON JULY 4TH!

Session dates are as follows-NO CLASS THURSDAY, JULY 4TH

SESSION 1M/W -Mondays & Wednesdays	June 24th - July 17th
SESSION 2M/W -Mondays & Wednesdays	July 29th - August 21st
SESSION 1T/TH -Tuesdays & Thursdays	June 25th - July 23rd
SESSION 2T/TH -Tuesdays & Thursdays	July 30th - August 22nd
SESSION 3 -Saturdays	June 29th - August 17th

LOCATION OF CLASSES
 ACPR Gymnastics Recreation Council
 Churchville Recreation Center
 111 Glenville Road, Churchville, MD 21028

Checks are made payable to
ACPR GYMNASTICS or
REGISTER ONLINE AT
www.acprgymnastics.siplay.com

Classes will be held on a first come, first served basis, contingent upon sufficient registration. There will be no refunds or transfers of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your cancelled check will be your receipt. There are no makeup classes offered.

REGISTER BY MAIL AT:
 ACPR Gymnastics
 P.O. Box 248
 Churchville, MD 21028
 Questions? Call 410-638-4109 x7969
 Website—www.acprgymnastics.com
 E-mail—corngym@comcast.net

Monday/Wednesday Classes and Times
 Meets two times per week
 8 classes total—\$95.00 per session

9:00 am-10:00 am—5 to 7 year olds
 10:00 am-11:00 am—8 and older
 11:00 am-11:50 am—Super Tots
 12:00 pm-12:45 pm—Parent N Tot 1
 4:00 pm-5:00 pm—5 to 7 year olds
 5:00 pm-6:00 pm—8 and older
 6:00 pm-6:50 pm—Tiny Tots
 7:00 pm-7:50 pm—Tumble Tots

Tuesday/Thursday Classes and Times
 Meets two times per week
 8 classes total—\$95.00 per session

9:00 am-9:50 am—Ninja Tots
 10:00 am-10:50 am—Tumble Tots
 11:00 am-11:50 am—Tiny Tots
 12:00 pm-12:45 pm—Parent N Tot 2
 5:00 pm-5:45 pm—Parent N Tot 2

6:00 pm-7:00 pm—Basic Tumbling/Tramp— 5 and older
 7:00 pm-8:00 pm—Intermediate/Advanced Gymnastics
 8:00 pm-9:00 pm—Intermediate/Advanced Tumb/Tramp

Saturday Classes and Times—Session 3
 8 classes total—\$95.00 per session

9:30 am-10:30 am—5 to 8 year olds
 10:30 am-11:20 am—Tiny Tots
 11:30 am-12:20 pm—Tumble Tots

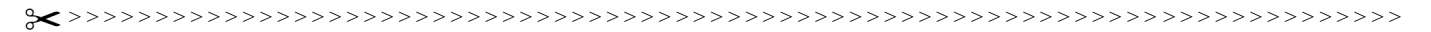
CLASS DESCRIPTIONS

PRESCHOOL CLASSES

PnT1—Parent and Tot 1—ages 15 months to 24 months, 1 adult attends class w/child
 PnT2—Parent and Tot 2—all 2 year olds, 1 adult attends class w/child
 Tiny Tots—all 3 year olds
 Tumble Tots—all 4 and 5 year olds
 Super Tots—all 4.5 and 5 year olds
 Ninja Tots—all 4 and 5 year olds, gymnastics mixed with strength and agility training

KINDERGARTEN THRU AGE 18 YEARS OLD

5 to 7 years old—beginner level
 8 and older—beginner level
 5 to 8—beginner level
 Basic Tumbling & Tramp—basics of tumbling and tramp
 Intermediate Gymnastics or Int. Tumbling & Tramp —skills required—backbend or kickover, and a round-off
 Advanced Gymnastics or Adv. Tumbling & Tramp —skills required—back handspring



SUMMER GYMNASTICS 2019—\$95 per child

1st CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ Circle Session Below

SESSION: 1 2 3 CLASS NAME: _____ CLASS DAY(S): _____ CLASS TIME: _____

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2nd CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ Circle Session Below

SESSION: 1 2 3 CLASS NAME: _____ CLASS DAY(S): _____ CLASS TIME: _____

ADDRESS: _____ ZIP: _____

PHONE #: _____ PARENT EMAIL: _____

PARENT'S NAME: _____

EMERGENCY NAME & PHONE #: _____

AMT. PD. _____ CASH (Exact amount) _____ CHECK # _____ REG. DATE _____

DISCLOSURE STATEMENT

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent Signature _____ Date _____