



**KENT RECREATION &
PARKS PRESENTS...**

2019 Winter Gymnastics

Come join us for the winter edition of our gymnastics program run by the experienced professionals at the new B&C Gymnastics of Brewster! It's a great way for your child to learn balance, body control and poise in a safe, proper and modern gymnastics environment and best of all it's a lot of fun as well!



Taking place in B&C's new facility (formerly Epic Studios), we offer enjoyable and educational 6-week programs for boys & girls ages 3 - 12 years old.

**Detailed flyer & registration form can be found on the
following pages!**

845-531-2100

RECREATION@TOWNOFKENTNY.GOV

WWW.TOWNOFKENTNY.GOV/RECREATION

Jared Kuczenski
Acting Director of Recreation and Parks



Telephone: (845) 531-2100
Fax: (845) 306-5284

Town of Kent Recreation and Parks Department
25 Sybil's Crossing Kent Lakes, NY 10512

Email: recreation@townofkentny.gov
Webpage: www.townofkentny.gov

2019 Kent Recreation Gymnastics Winter Session

Come out and have your child learn gymnastics in a safe and proper environment where they can discover and hone the skills that will help them with balance, poise and body control. This six week course will give them a chance to have a fun experience in a new gymnastics facility with expert instruction. Best of all it comes to you for a reasonable price!

Kent Recreation is working in cooperation with B&C Gymnastics (formerly Epic Studios) to bring this program to the public. The B&C studio is located at 2031 Route 22, Brewster, NY 10509.

The program will run **Sundays** on the following dates:
January 6, 13, 20, 27; February 3, 10

Age	Time	Class Length	Fee Payable to <i>Epic Studios</i>	Fee Payable to <i>Kent Recreation</i>
3 - 4 Year Olds	12:00pm – 12:45pm	45 Minutes	\$80 per child	\$15 per child
5 - 7 Year Olds	1:00pm – 1:45pm	45 Minutes	\$80 per child	\$15 per child
8 - 12 Year Olds	2:00pm – 2:45pm	45 Minutes	\$80 per child	\$15 per child

Children must be the required age by the first day of class.

There are no make ups for missed classes.

Please note that class times may change depending on enrollment levels.

In cooperation with B&C we are looking to offer a Special Needs Gymnastics Class to this program. Please contact Kent Recreation directly for more information

All registration forms and payments for this program can be dropped off or mailed to the Kent Recreation office in the Kent Town Center

Registration Deadline is Wednesday, December 19, 2019!



Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512
Phone: 845-531-2100
E-Mail: recreation@townofkentny.gov

2019 GYMNASTICS WINTER SESSION

Please fill out form completely and legibly.

Age Group	Time of Class		Gymnastic Fee (payable to B&C Gymnastics)	Registration Fee (payable to Kent Recreation)
3 – 4	<input type="checkbox"/> 12:00pm – 12:45pm	Child must be age by start of program	\$80.00	\$15.00
5 – 7	<input type="checkbox"/> 1:00pm – 1:45pm		\$80.00	\$15.00
8 – 12	<input type="checkbox"/> 2:00pm – 2:45pm		\$80.00	\$15.00

PARTICIPANT INFORMATION

Participant's Last Name	Participant's First Name	MI	Birth Date	Age	Sex
					Male <input type="checkbox"/> Female <input type="checkbox"/>

Street Address	City	State	Zip Code

E-Mail 1	E-Mail 2

Does your child have any disabilities, allergies or special circumstances we should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

If yes, please explain:	
-------------------------	--

PARENT/GUARDIAN INFORMATION

Father's Name	Mother's Name
Home Phone	Cell Phone

EMERGENCY CONTACT INFORMATION

In an emergency please contact:	Relationship to Child	Phone Number	2nd Phone Number

PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the gymnastic program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date		Parent/Guardian Signature	
		Parent/Guardian Print Name	

OFFICE USE

Registration Date:	Registration Fee:		Check Number:	Receipt Number:
	\$	CASH	\$	CHECK

Make \$15 checks payable to KENT RECREATION

Make \$80 checks payable to B & C GYMNASTICS

Turn all checks in with registration form(s) to the Kent Recreation office

B&C Gymnastics

2031 Route 22, Brewster NY 10509/ (845) 302-2977

ACTIVITY WAIVER RELEASE OF LIABILITY

In exchange for participation in any activity, including but not limited to, Gymnastics, Open gym, Special events, etc. organized by B&C Gymnastics LLC ("B&C Gym"), of 2031 Route 22, Brewster Ny 10509 and/or the use of the property, facilities and services of B&C Gym, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow and oral instructions or directions given by B&C Gym, or the employees, representatives or agents of B&C Gymnastics LLC.
2. I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge B&C Gymnastics LLC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of B&C Gym, weather caused by the fault of myself, my family, B&C Gym or other third parties.
3. I agree to indemnify and defend B&C Gym against all claims, causes of action, damages, judgements, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of B&C Gym.
4. I agree to pay for all damages to the facilities of B&C Gymnastics LLC caused by myself or my family's negligent, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under New York State law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT, I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS AND CONFIRM THAT THE PARTICIPANT DOES HAVE HIS/HER OWN HEALTH INSURANCE.

Participant: _____ DOB(if minor) _____

Address: _____ City,St,zip _____

Phone: _____ email: _____

Parent/Guardian(if minor) _____ relationship _____

Emergency contact name and number: _____

Signature(Parent/guardian if under 18): _____