




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

# 2018 Fall Gymnastics



Come join us for the fall 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  
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Town of Kent Recreation and Parks Department  
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## ***2018 Kent Recreation Fall Gymnastics***

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 dedicated gymnastics facility with expert instruction all 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:  
October 14, 21, 28; November 4, 11, 18

<b>Age</b>	<b>Time</b>	<b>Class Length</b>	<b>Fee Payable to <i>Epic Studios</i></b>	<b>Fee Payable to <i>Kent Recreation</i></b>
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.\*

**Class times may change if class sizes do not meet minimum enrollment to warrant separate gym space. Classes have a 32 student maximum enrollment.**

Registration forms and all fees should be brought in/dropped off/mailed to Kent Recreation

If you have any questions regarding this program please contact the  
Recreation Office at 845-531-2100

**Registration Deadline is Friday, October 5, 2018**



# Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

## 2018 FALL GYMNASTICS

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	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		