



**SALISBURY RECREATION
Gymnastics/Tumbling program**

Please complete and return the registration form on the back of this notice along with the \$55.00 registration fee to **The Salisbury Recreation Commission, POB 548 Salisbury, CT 06068. The deadline to register is October 25, 2019**

Steve Brentari has been in the Gymnastics industry for 30 years creating and developing programs that bring out the best in every child, in a fun and unique program designed to start from the ground up and the sky is the limit.

All of our children's tumbling classes are recreational in nature and are designed to develop not only gymnastic skills, but also many positive life skills. Discipline, self-confidence, strength, agility and balance are all areas we seek to develop in our students. Classes begin with an aerobic/strength activity and stretching followed by instruction at various skill stations. We teach "real gymnastics" but without the competitive vibe or the stress and pressure that many children associate with them. Our students enjoy tumbling, simply because it's FUN!

**Program will meet on the following Saturdays at the Salisbury Central School in the gym.
November 2,9,16,23 and December 7,14**

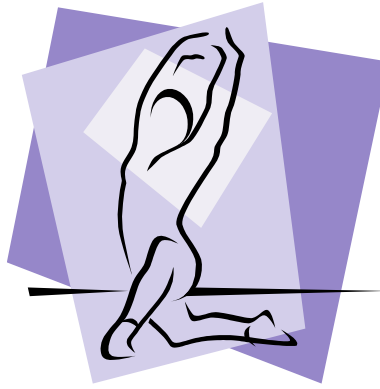
AGES 10 AND UP 9:00-10:00am

AGES 5-6 10:00-11:00am

AGES 7-9 11:00-12:00pm

CLASS SIZE IS LIMITED TO 12 PARTICIPANTS PER SESSION FOR AGES 7-9 AND 10 AND UP. CLASS SIZE IS LIMETED TO 10 FOR AGES 5-6. REGISTRATIONS WILL BE ACCEPTED ON A FIRST COME FIRST SERVE BASIS.

FOR FURTHER INFORMATION CONTACT LISA MCAULIFFE AT 860 435-5186 OR EMAIL RECREATION DIRECTOR @SALISBURYCT.US



**GYMNASTICS
REGISTRATION FORM**

Participants Name _____

Date of Birth _____ Age _____ Grade _____

Mailing Address _____

Email Address _____

(print clearly all correspondence is done using email include all addresses that you would like included on the distribution list)

Phone Number _____

Cell Number _____

Program registering for (Circle one) AGES 5-6 AGES 7-9 AGES 10 AND UP

MEDICAL RELEASE/PERMISSION TO TREAT

I _____ (Print parent or guardian name) give

_____ (Print participants name) permission to participate in the Salisbury Recreation Commissions Gymnastic/Tumbling Program. I understand that it is my responsibility to provide transportation for my child to classes. In the event of an emergency where I can not be contacted I give the instructor permission to obtain proper medical treatment for my child. I understand that participating in gymnastics/tumbling has some risk of injury and I am willing to accept that greater risk on behalf of my child.

Parent or Guardian Signature

_____ Date _____

Emergency contact (name) _____ Phone # _____

(person to contact in the event we can not contact parent or guardian)