



2019-2020 GYMNASTICS

\$10.00 One Time Additional Sign-Up Fee

First Class: AUG 13

\$45.00 Regular Monthly Fee / \$35 each additional child

NAME _____ AGE _____ DATE OF BIRTH _____

PARENT'S NAME _____ (PHONE #) _____ (WORK#) _____

MAILING ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

TIME OUT OF SCHOOL _____ GRADE IN SCHOOL _____

YEARS OF GYMNASTIC _____

RELEASE BY PARENT OR GUARDIAN

I _____ (PARENT), AM THE NATURAL PARENT AND/OR GUARDIAN OF THE MINOR CHILD _____ (CHILD).
 BY VIRTUE OF AND IN THE CITY OF McCOMB AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO
 PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO WIT:

GYMNASTICS

I DO HEREBY, ON BEHALF OF MY MINOR CHILD, RELEASE SAID CITY AND DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY AND DEPARTMENT. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL ACITIVITIES. I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED _____ DATE _____

CHECK PAYABLE TO: **McCOMB RECREATION DEPT.**

ONLINE PAYMENT LINK: <https://www.officialpayments.com> **ONLINE PAYMENT TRANSACTION#** _____
 (PLEASE INCLUDE STUDENTS NAME) (EXAMPLE: *Gymnastics / Participant - Candi Cane*)

For Official Use

Initial _____
 Fee Paid _____ Receipt # _____ Date _____ Verified By _____

Fee Paid _____ Receipt # _____ Date _____ Verified By _____