HARFORD COUNTY DEPARTMENT OF PARKS AND REC
CHURCHVILLE REC COUNCIL

2010 SUMMER GYMNASTICS
FOR AGES 5 AND OLDER

All classes will be held at the Churchville Recreation Center. Classes are divided by age group. All classes will work on all four women's gymnastics events except for Sessions 11 and 12. They are a Tumbling and Trampoline Class for anyone age eight and older that will take place on 4 consecutive Fridays. This class will place special emphasis on the handspring.

SESSION	AGE	TIME	DAY OF WEEK	DATES
1	7 YEARS & OLDER	9:00 – 10:30AM	MON. & WED.(NO CLASS ON JULY 5)	JUNE 21 – JULY 19
2	5 – 6 YEARS OLD	9:00 – 10:30AM	TUE. & THU.	JUNE 22 – JULY 15
3	5 - 6 YEAR OLDS	7:30 – 8:30PM	MON. & WED.(NO CLASS ON JULY 5)	JUNE 21 – JULY 19
4	5 – 6 YEAR OLDS	7:30 – 8:30PM	TUE. & THU	JUNE 22 – JULY 15
5	7 YEARS & OLDER	9:00 – 10:30AM	MON. & WED.	JULY 20 – AUGUST 12
6	5 – 6 YEAR OLDS	9:00 – 10:30AM	TUE. & THU.	JULY 21 – AUGUST 13
7	5 – 6 YEAR OLDS	7:30 – 8:30PM	MON. & WED.	JULY 26 – AUGUST 18
8	5 – 6 YEAR OLDS	7:30 – 8:30PM	TUE. & THU.	JULY 27 – AUGUST 19
9	5 – 8 YEARS OLD	9:00 – 10:30AM	SATURDAYS (NO CLASS ON JULY 3)	JUNE 26 – JULY 24
10	5 – 8 YEARS OLD	9:00 – 10:30AM	SATURDAYS	JULY 31 –AUGUST 21
11	8 YEARS & OLDER Tumbling & Tramp	5:00 – 7:00PM	FRIDAYS	JUNE 25 – JULY 17
12	8 YEARS & OLDER Tumbling & Tramp	5:00 – 7:00PM	FRIDAYS	JULY 30 – AUGUST 20

COST: $75 for Sessions 1, 2, 5, & 6
$60 for Sessions 3, 4, 7, 8, 9, 10, 11 & 12

CHECKS ARE MADE PAYABLE TO: "CHURCHVILLE RECREATION COUNCIL"

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 canceled check will be your receipt. There will be NO make-up classes offered.

If you wish to register by mail, the address is:
ACPR Gymnastics, P.O. Box 248, Churchville, MD. 21028.
Questions? Call 410/836-2080.
Website – acprgymnastics.com E-mail – corngym@comcast.net

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2010 5 & OLDER SUMMER GYMNASTICS

SESSION: 1 2 3 4 5 6 7 8 9 10 11 12 (CIRCLE AS MANY AS YOU WISH TO ATTEND)	TIME:________________________ CLASS AGE: ____________________
CHILD'S NAME:	PHONE #:
ADDRESS:	ZIP:
DATE OF BIRTH:	AGE:
PARENT'S NAME:	
EMERGENCY NAME & PHONE #:	
AMT. PD. CASH	CHECK # REG. DATE

I agree that I will not hold the program, instructor, or the Churchville Recreation Council responsible for any injuries received while participating in the gymnastics program. I understand that there are inherent risks involved in any sport and I certify by my signature that my child is physically capable of participating in this program. Any physical conditions or allergies that the instructor should be made aware of ____
____.

Parent's Signature____Date_____________________________