



2019 **TUMBLING** with Mrs. Susan



Tumbling Class

This is a starters Tumbling class where the floor is used to teach somersaults, tucks, handstands, backbends, and more without the use of any equipment.

Spring Session: Starts Friday, April 19th and Ends: May 31st (Classes every Friday)

5:00pm-5:45pm 3-5 Year Olds

6:00pm-6:45pm 6-10 Year Olds

Cost: \$40 for 8 week session.

Instructor: Susan Taylor

Clothing: Girls & Boys should wear form fitting clothes with socks. Hair needs to be pulled back from the face and tied up securely.

Details: Ages 3-5 will need a parent/guardian in attendance of each class.

Class will be held at the Walkerton Youth Building located at 606 Washington St. Please call the Parks Office if you have any questions 574-586-3638.

Participant Info

Last Name _____ First Name _____

Sex Male/Female Birth Date ___/___/___ Age _____

Name of Parent or Guardian _____ Paid \$40.00 _____ Check # _____ Cash

Address _____ City/State/Zip _____

Phone _____ Cell or Work _____

Email _____

Person to contact if parent is unavailable: _____ Phone _____

Signature of Parent/Guardian _____ Date ___/___/___

The Walkerton Park Office is located south of John Glenn High School at 71636 Walkerton Trail, Walkerton. There is a drop slot available through the front door for your convenience.

Walkerton Parks & Recreation ~ 71636 Walkerton Trail, Walkerton, IN 46574
574-586-3638 ~ walkertonparks@walkerton.org

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WAIVER OF LIABILITY AND DISCLAIMER

I, _____ (print parent name) give permission for _____ (child) to participate in the Walkerton Ballet. I understand that the Town of Walkerton, Walkerton Park & Recreation Department and its employees and volunteers are not responsible for any accidents or injuries that may occur during this program. Nor will they be responsible for lost or stolen articles. Initial Here _____

MEDICAL INFORMATION

Does the student have any allergies, disabilities/handicaps, current injuries, medical limitations or other significant condition? Yes No If yes, please describe in complete detail: _____

_____ *This information is for medical safety only.* Initial Here _____

EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardians of the student, hereby authorize the instructor, assistants, or parents of the class members acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical, dental examination and/or treatment. In case of emergency, I hereby authorize the treatment and/or care at any hospital. Initial Here _____

PARENT CODE OF CONDUCT

I understand as a parent of a student, I will conduct myself in a respectful, orderly fashion at all times. I understand alcohol & smoking are not allowed at any youth programs. I will not wear apparel depicting drugs, alcohol, or foul language. Foul language will not be tolerated. **I will offer my support in a positive manner to my child, the instructor, and other team(s) members.**

Initial Here _____

INCLUSION POLICY

Walkerton Parks Board has implemented an Inclusion Policy for all of their programs. A copy of this policy can be obtained at any time. Initial Here _____

My child requires special accommodations for which I have provided a written request. _____

By signing below I am stating that I have read and understand the above information and that I will abide by the Parent Code of Conduct. All information that I have provided is true and accurate.

Parents/Guardians Signature _____

The Walkerton Parks & Recreation Department would like to take photos to be put in the media. Your child's name and image could be put in newspapers, our website and/or social medial. If this is a problem, please ask for a DENIAL FORM. Otherwise we will use this registration form as our permission to use their image and/or name.

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