



Alger Parks & Recreation

413 Maple St. Munising, MI 49862

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www.algerparksrecdept.com

2019 Fall Gymnastics

All classes promote the development of gross motor skills, physical strength, flexibility, agility, coordination, and balance. Tumbling helps strengthen their tumbling skills for cheerleading, dance, all future sports, etc. Each class and sessions add to your child's skill level. On the first day of class your child will be evaluated and placed accordingly, into class level.

When: [Monday](#) & [Friday](#)

Where: Central Community Center – South Room

Dates: [October 7, 14, 21, 28](#); [November 4, 11, 17, 24](#)
[October 4, 11, 18, 25](#); [November 1, 8, 15, 22](#)

Time:

Age: 2 - 3 years	5:30 pm – 6:15 pm
Age: 4 - 5 years	6:30 pm – 7:15 pm
Age: 6 - 8 years	4:00 pm – 4:45 pm
Age: 8 – 10 years	5:00 pm – 5:45 pm

Cost: Partner Fee: (**Voting Residence: City of Munising–Munising Township–Grand Island Township**)

Ages 2 to 5 years	Price: \$30	**Additional Siblings - \$5 off
Ages 6 to 10 years	Price: \$40	

Non-Partner Fee: (**All other Communities/Townships**)

Ages 2 to 5 years	Price: \$36	**Additional Siblings - \$5 off
Ages 6 to 10 years	Price: \$46	

****Rules and Comments****

1. Safety is important!
2. No gum or jewelry allowed.
3. Leotards are recommended for safety and comfort. Shorts are fine.
4. No tights or socks.
5. Please make sure your child uses the restroom before class.
6. Put your child's hair in a ponytail or a fastener, so it does not fall into their face.

Email us with any questions @ algerparksrecdept@yahoo.com

Like us on Facebook to get all the current information! 😊

2019 YOUTH REGISTRATION FORM

Name: _____ Age: _____ Date of Birth: _____ Grade: _____ Class Attending: _____

Name: _____ Age: _____ Date of Birth: _____ Grade: _____ Class Attending: _____

Address: _____ City/State/Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Primary Phone: _____ Father's Primary Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

E-Mail Address(es): _____

Emergency Contact: _____ Phone: _____

Voting Township:
City of Munising Munising Township AuTrain Township Grand Island Township Other: _____

Please list any special needs or medical conditions our staff should be aware of in order to make your child's participation as safe and enjoyable as possible: _____

All participants are required to register for the desired program BEFORE they begin. Registration includes payment and a completed registration form. NAMES WILL NOT BE ADDED TO THE ROSTER WITHOUT FULL PAYMENT. Programs are non-refundable. In the event APRD needs to cancel a program, you will be contacted and given the option of a full refund or program credit. A minimum number of participants is required.

In consideration for the foregoing, I for myself, my child, my executor's administrator's and assignee's, do hereby release and discharge all sponsors, coordination groups, volunteers and any individuals associated with the activity, for all claim of damages, demands, actions and whatsoever in any manner arising or growing out of my or my child's participations in said event.

I understand that I or my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of me or my child to be used to promote the Department and that such photos and video will become the property of Alger Parks & Recreation.

SIGNATURE

DATE

Office Use Only
Paid _____ Date: _____ Check# _____ Cash _____ Initials: _____