Lake Mills Parks and Recreation

105 West Main Street Lake Mills, IA 50450

3 & 4 year old Preschool

Tumbling

WHO **3 & 4 year old preschool at 6:00 or a "Mommy and me" class at 5:30. Please check the box below**

WHEN **Monday 5:30-6:00 or 6:00-6:30**
January 9th – February 27th

WHERE **Lake Mills Fitness Center**

COST **$32 for 8 times (financial aid available upon request)**
Deadline: January 5th

A class designed to help your child with motor skills, socialization, hand-eye coordination, and development of self-confidence. Concentration on basic motor and perceptual skills is part of each class. Children will be introduced to each gymnastics apparatus and their preliminary skills.

Sign up today!

Parents please help us keep children seated if they are not participating in tumbling. There will be some fun games to play with them. Enjoy!

Become our fan on Facebook! **www.lakemillsia.org**

PLEASE RETURN THIS PORTION WITH PAYMENT TO CITY HALL, OR ANNE SKELLENGER

2017 Winter Tumbling Registration

CHILD'S NAME _____ AGE ____ GRADE _____

PARENT'S NAME _____ PHONE NUMBER _____

EMERGENCY CONTACT NUMBER_____

ADDRESS _____ CITY, STATE, ZIP _____

EMAIL _____ WOULD YOU LIKE TO BE ON THE MAILING LIST_____

T-SHIRT SIZE YOUTH_____ ADULT _____
$10 EXTRA FOR SHIRT (NOT NEEDED FOR THE PROGRAM)

"MOMMY AND ME" CLASS ☐ 3 & 4 YEAR OLD CLASS ☐

YOUTH WAIVER AND PHOTO/VIDEO PERMISSION: I HEREBY AUTHORIZE MY SON/DAUGHTER TO REGISTER TO PARTICIPATE IN THE ABOVE STATED PROGRAM SPONSORED BY THE CITY OF LAKE MILLS PARKS & RECREATION DEPARTMENT. I UNDERSTAND THAT THIS PROGRAM, LIKE MOST PROGRAMS SIMILAR IN NATURE, HAS SOME DEGREE OF INHERENT RISK INVOLVED. FURTHERMORE, MY SON/DAUGHTER IS IN GOOD PHYSICAL CONDITION APPROPRIATE TO PARTICIPATE IN THE STATED ACTIVITY AND I UNDERSTAND THAT THE PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR BODILY INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY. NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CITY OF LAKE MILLS. I GRANT THE LAKE MILLS PARKS & RECREATION DEPARTMENT PERMISSION TO USE PICTURES OR VIDEOS TAKEN OF MY CHILD DURING PARTICIPATION IN PROGRAMS. I WAIVE MY RIGHT TO INSPECTION OR COMPENSATION.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
OFFICE USE ONLY $32 CASH_____ CHECK _____