

~~Tumbling~~

Three different levels of tumbling will be offered on Saturday mornings.

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Tumbling I (Beginners)		Tumbling II (Intermediate-Advanced)		
Learn basic floor skills, increase flexibility and coor-		Learn and master basic floor skills progression based		
dination while having fun!		on individual student ability, increase flexibility and		
		strength. Inclu	ded in this class is beam, basic spring-	
Date	October 12– November 2, 2019		board and single bar.	
Day & Time	Saturdays	Date	October 12– November 2, 2019	
	10:00–10:30 am	Day & Time	Saturday	
Fee	\$25		Intermediate: 10:30-11:15 am	
Ages	PreK-6 years old		Advanced: 11:15 am- 12:00 pm	
Instructor	Nicole Friess-Schilling &	Fee	\$35	
	Jamie Leggitt	Ages	2nd grade & older	
Location	GCCC	Instructor	Nicole Friess-Schilling &	
Limit	15		Jamie Leggitt	
		Location	GCCC	
*Contact the instructor with questions regarding		Limit	15 Each Class	
class selection: 515-370-5672		*Intermediate– 1st grade if taken beginners class		
		*Advanced: Must be able to do unassisted front and		
		back walkover unassisted		

Name		Grade	Birthdate	Grade
Address	City	Zip	Email	
Home Phone #	Work Phone #		Cell #	
Tumbling I (\$25) 321759 A □		Tumbling II-Int (\$35) 321759 B □		Tumbling II-Adv(\$35) 321759 C □

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releases") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Parent or Guardian Signature:		Date:
Does the participant have any condition tha yesno ie. asthma, diabetes, Please note in space below	t would prevent full part , seizures, allergies (bee s Amt pd	1 2