

# TUMBLING/GYMNASTICS

## Mansfield Community Center

205 North Missouri Ave.

Mansfield, MO 65704

Phone (417)924-7070 Fax (417)924-2816

[www.mansfieldcommunitycenter.org](http://www.mansfieldcommunitycenter.org)

**Cost:** \$35 per six-week session

**Class Size Limit:** 12 Students

**Ages:** 4 and Up

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

EMERGENCY CONTACT # \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ M  F

EMAIL ADDRESS \_\_\_\_\_

In consideration for my son/daughters participation in the Mansfield Community Center Program, I hereby agree to hold harmless and indemnify the above mentioned parties and anyone directly involved with the program against any suit, claim, cost, attorney's fees for and on account of any injury to my child. I understand and acknowledge that there are inherent risks and injury during this program and I assume this risk voluntarily. I hereby give Missouri Community Center permission to use my child's name and photograph. I understand that this will be used only in web site materials or news releases. This information is not to be used for any commercial, money-making purpose. I understand that by signing this consent form, I am waiving any privacy interests I may have in relation to this information under the Privacy Act, 5U.S.C. 552a, the Freedom of Information Act, 5U.S.C 552, and the Trade Secrets Act, 18U.S.C 1905.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

