



# Twist & Turns Gymnastics Spring 2010

Sponsored by Portland Recreation

Twists & Turns Gymnastics program will teach the basic and advanced levels of gymnastics tailored to the gymnast's individual ability. The program will include instruction in acrobats and dance movement as well as flexibility and conditioning training. The skills and coordination taught will be beneficial for kids in other sports including cheerleading and dance programs.

⇒ **Location:** Portland Middle School Wrestling Room

⇒ **Dates:** Wednesdays, April 14 – May 19, 2010

⇒ **Cost:** City & Portland Twp. residents.....\$35.00  
All other residents.....\$40.00

⇒ **Sessions:** (Current Grade)

**Limited to 21 participants in each session**

1 Grades K-2 4:00 - 5:00 p.m.

2 Grades 3-5 5:00 - 6:00 p.m.

⇒ **Instruction will be led by Jill Scheurer**

⇒ Please return the bottom portion to the Recreation Department located in City Hall: 259 Kent Street, Portland, Michigan 48875.

⇒ For registration information contact Neil in the Recreation Office at 517.647.3207.

## Twist & Turns Gymnastics Camp Registration Form Spring 2010



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City & Zip: \_\_\_\_\_ I attend: Oakwood Westwood St. Pat's Other

I live in the City: Yes or No If no, I live in the township of: \_\_\_\_\_

Email \_\_\_\_\_

Sessions (Circle One): \*K-2<sup>nd</sup> grade 4:00 – 5:00 pm \*3<sup>rd</sup>-5<sup>th</sup> grade 5:00 – 6:00pm

Amount enclosed (Check One): \_\_\_\$35 -City/Portland Twp. Residents

\_\_\_\$40 -All Other Residents

I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents or any facility used for this recreational program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further represent that I carry medical-hospital insurance and I understand that the City does not provide such insurance coverage for me. Photographs & videos may be taken at certain Parks and Recreation Department activities and unless The Parks and Recreation office receives written signed obligation, photos may be reproduced in department publications.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Please print your name: \_\_\_\_\_