

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

Fax: (515) 986-2143

www.grimesiowa.gov



Youth Tumbling Program

Program Description:

This is a movement education program designed to develop motor skills, body awareness, and self confidence. This program is taught by Tina Whitver. Kids should wear shorts/tank top or leotard. No jean shorts or baggie t-shirts. Min. 6 / Max 12 kids per class.

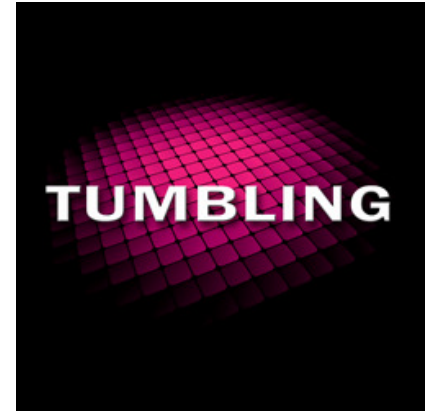
Who: For Kids Ages 2 – 5 years old

Where: Grimes Community Complex Gym

Date: Thursdays, February 4 – February 25

Time: Ages 2 – 3 years old: 5:30-6:00pm
Ages 3-5: 6:00pm – 6:40pm
Ages 3-5: 6:45pm – 7:25pm

Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us or by phone at 986-2143.



To Register: ONLINE REGISTRATION IS AVAILABLE. Or you can pay with cash/check to **City of Grimes** and bring in registration to the Rec Office. You can also mail to City Hall at 101 NE. Harvey St.

Cost: \$20 per child for Ages 2- 3 years old OR \$25 for Ages 3-5

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2010 "Grimes Rec Winter Tumbling Program" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Please Circle- 5:30pm Group 6:00pm Group 6:45pm Group

Cost is \$20 per child for Ages 2-3 years old, \$25 for Ages 3-5

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks and Rec Office ~ 410 SE. Main St. in Grimes