

SUMMER GYMNASTICS 2018

Grades 2-6 (Fall 2018)

Barbi Kelley, HES Teacher, Program Director

Melissa Niland, HES Teacher, Arts & Crafts



Come and enjoy gymnastics this summer! Participants will practice skills on the high and low beams, vaulting box, bars and floor. Daily routine includes stretch, equipment instruction, tumbling, dance, crafts, games and a refreshing swim at the pond in the afternoon.

Wear comfortable clothes (leotards are optional) and bare feet. Students need to bring a morning snack, a bag lunch, sneakers, bathing suit and towel daily. Be sure everything is labeled! On Friday students will take part in a demonstration for family and friends (approx. 2 p.m.)

August 6-10, 2018

9 a.m.-4 p.m.

HES Gym

Register by June 1 Fee: \$249

Register June 2 or later Fee: \$269



Space is limited! Register early!

Class size is limited. Registration is on a first-come first served basis as received in the Community Education office.

Late pick-up will result in a \$1.00 per minute fee payable immediately to the instructor.

REFUND POLICY: No refunds or credits. Check will be returned only if a class is cancelled.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143.

Harvard Community Education, 978-456-4118 jcavanaugh@psharvard.org

SPECTRUM REGISTRATION FORM - GYMNASTICS Grades 2-6 Fall 2018

Use this form or register online at www.psharvard.org

Departments, Community Education Spectrum Summer

Name _____ Gr Fall 2018 _____

Allergies _____

Address _____

Home Phone _____ e-mail _____

Parent Name _____

Parent Work Phone _____ Cell # _____

Emergency Contact & phone _____

(Other than parent, in case parent cannot be reached)

Physician/Phone _____

Health Plan & Number _____

Checks should be made payable to TOWN OF HARVARD/SPECTRUM.

*Non Residents (does not include School Choice) please add \$10 non-resident fee.

	Tuition Register On or before June 1	Tuition Register On or After June 2
August 6-10, 2018	\$249	\$269

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the Community Education/SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the policies (ie. late pick up, refunds etc.) of Harvard Community Education and the SPECTRUM Program.

PARENT/GUARDIAN SIGNATURE

DATE

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
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