

# SUMMER GYMNASTICS 2019

## NEW! DRUMS ALIVE Component!

### Grades 1-6 (Fall 2019)

Barbi Kelley, HES Teacher, Program Director

Melissa Niland, HES Teacher, Arts & Crafts



Come and enjoy gymnastics this summer! Participants will practice skills on the balance beam, vaulting box, bars and floor. Daily routine includes stretch, equipment instruction, tumbling, dance, crafts, Drums Alive and a refreshing swim at the pond in the afternoon (weather permitting).

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.)

June 17-21, 2019

9 a.m.-4 p.m.

HES Gym

Register by May 17 Fee: \$249  
Register May 18 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.

## SPECTRUM REGISTRATION FORM - GYMNASTICS Grades 1-6 Fall 2019

Use this form or register online at [www.psharvard.org](http://www.psharvard.org)

Departments, Community Education Spectrum Summer

Name \_\_\_\_\_ Gr Fall 2019 \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

Phone (Best Contact) \_\_\_\_\_

Parent Name \_\_\_\_\_

E-Mail (please print) \_\_\_\_\_

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 May 17	Tuition Register On or After May 18
June 17-21, 2019	\$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

978-456-4118 [jcavanaugh@psharvard.org](mailto:jcavanaugh@psharvard.org)

