

Hip Hop Tumbling

Instructors: Corrie Allan and Loni Manalia

Details:

Ages: 3-10 year olds

Dates: Jan. 23rd through Feb. 27th (6 weeks), Performance will be on Friday, March 3rd at 7 p.m.

Days/Times: Monday Evenings, 3-5 year olds-5-5:45 6 and up-5:45-6:30

Price: \$40

Hip Hop Tumbling is a combination class of tumbling and dance. We will have 6 weeks of practice and then perform on March 3rd at 7:00 p.m.

If you ever have any questions, please call Ageless at [217-839-2484](tel:217-839-2484) or Corrie at [217-313-6465](tel:217-313-6465) or e-mail corrie@ausi.com. We are here to help!

Please return the form below to Ageless in Gillespie or mail it to: Ageless, 103 North Jersey Street, Gillespie, IL 62033.

FORMS DUE BY January 21st by noon!

Hip Hop Tumbling

Name: _____

Age: _____

Parent's Name: _____

Phone number: _____

E-mail address (optional): _____

Liability Waiver

As the parent or legal guardian of _____ (print name of child), I hereby give permission for my child to participate in activities at Ageless, LLC. I understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in any activities at Ageless LLC, including but not limited to the LI' Muscles Exercise Program, whether or not resulting from negligence, and I agree not to sue Ageless, LLC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ageless, LLC to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____