

ARLINGTON AERIALS

GIRLS' RECREATIONAL GYMNASTICS MEET



FOR WHO

Recreational participants in level 3 or higher

COST

\$50.00 check made out to "AAPA"
(Each participant will receive an
All-Around award)

DATE

Saturday, June 3, 2017

LOCATION

Barcroft Sports & Fitness Center
4200 South Four Mile Run Drive
Arlington, VA 22206

Phone: 703-228-0707 • FAX: 703-228-0714

START TIME

4:45pm – Check-in
5:00pm – Warm-up
5:20pm – Competition

For any questions please contact Carly Meyer (cmeyer@arlingtonva.us or 703-228-0707).

Arlington County can provide reasonable modifications for people with disabilities upon request.
Two weeks advance notice is preferred. Call 703-228-0707.

REGISTRATION INFORMATION

DEADLINE: Friday, May 19, 2017 (maximum 60 participants)

Arlington Class Participants Registration Information:

To participate in this event, please return the second page of this document to Carly Meyer in the gymnastics office.
Please place the payment (payable to AAPA – Arlington Aerials Parents Association) in the AAPA payment box (black box located outside of the gymnastics doors) by Friday, May 20, 2016.

Visiting Teams Registration Information:

To participate in this event, please send your USAG entry form along with payment (payable to AAPA – Arlington Aerials Parents Association) to AAPA, c/o 350 N Granada Street, Arlington, VA 22203 by Friday, May 19, 2017.
Please email your entry form to Carly Meyer (cmeyer@arlingtonva.us)



DEPARTMENT OF PARKS AND RECREATION

parks.arlingtonva.us



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Hold Harmless, Reservation & Payment Form:

The undersigned is aware that there are certain inherent risks involved in participating in Supplemental Fee Program including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participation in this program. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by the Arlington County Department of Parks, Recreation, and Cultural Resources, its agents and employees, including food service, I, on behalf of myself, my executor, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all its officers, departments, agencies, agents and employees from any and all claims, (except for claims based on malicious conduct by County officers and employees), lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my family's participation in the program. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

Parent or Legal Guardian Signature: _____ Date: _____

Name of Gymnast Participating: _____

Level/Class: _____ Age: _____ Visiting Team: _____

Total Amount Paid (\$50.00): _____