2019 Summer Camp Registration Form

Print and mail/bring with payment or email form to: ClegacyTumble@gmail.com

Carolina Legacy Tumble, inc

ATTN: Summer Camps

125 Quarrystone Circle Cary, NC 27519

$130 Per Camp (Pack a lunch if participating in both sessions AM and PM)

Camp Descriptions

Tumble Camps – Carolina Legacy Tumble Camps involve learning the proper tumbling technique and improving/ advancing your tumbling skills. Tumble Camps will be strictly tumbling and working on getting new and improved tumble skills!

Cheer/Tumble Camps – Carolina Legacy Tumble Cheer Camps include everything that is involved in cheering from tumbling, stunting, jumps, motions, cheers, to stretching and conditioning

Cheer/Tumble Camp Dates

JUNE	JULY	AUGUST
10th – 14th 9:00-12:00pm – Cheer/Tumble	8th – 12th 9:00-12:00pm – Tumble	July 29th – Aug 2nd 9:00-12:00pm – Cheer/Tumble
10th – 14th 1:00-4:00pm –Tumble	8th – 12th 1:00-4:00pm – Cheer/Tumble	July 29th – Aug 2nd 1:00-4:00pm - Tumble
17th – 21st 9:00-12:00pm – Tumble	15th – 19th 9:00-12:00pm – Cheer/Tumble	5th –9th 9:00-12:00pm – Tumble
17th –21st 1:00-4:00pm – Cheer/Tumble	15th – 19th 1:00-4:00pm – Tumble	5th – 9th 1:00-4:00pm Cheer/Tumble
24th –28st 9:00-12:00pm – Cheer/Tumble	22nd - 26th 9:00-12:00pm – Tumble	12th –16th 9:00-12:00pm – Cheer/Tumble
24th –28st 1:00-4:00pm – Tumble	22nd – 26th 1:00-4:00pm – Cheer/Tumble	12th – 16th 1:00-4:00pm - Tumble
		19th – 23rd 9:00-12:00pm – Cheer/Tumble

Dates Registering:

Month: _____ **Date:** _____ **Time:** _____
Month: _____ **Date:** _____ **Time:** _____
Month: _____ **Date:** _____ **Time:** _____
Month: _____ **Date:** _____ **Time:** _____
Month: _____ **Date:** _____ **Time:** _____

_____
Name of Student Athlete

_____
Birthdate/Grade/Age

_____
Name of Parent/ Guardian

_____
Parent/ Guardian Contact #

_____
Address

_____
City State Zip

_____
Email

_____
Allergies

_____
Insurance Company

_____
Emergency Contact Name

_____
Emergency Contact #

Camps are non-refundable or transferable

Method of Payment

☐ Check ☐ Cash ☐ Visa / MasterCard **TOTAL**_____

_____
Credit Card #

_____ _____
Exp. Date Security Code

Waiver

The undersigned acknowledges that participating in any activities at Carolina Legacy Tumble, inc. (CLT) comes with certain degree of risk of injury to the student athlete. I agree to assume all risks and hereby release CLA, CLT, IAC and any of its owners, employers, employees, management, assigned or contracted instructors, fellow student-athletes, and volunteers from any and all liabilities. I understand that all medical expenses are the sole responsibility of the athlete or the athlete's family. CLT expects all athletes to carry their own medical insurance, which is not provided by CLT. Student-athletes with severe behavioral issues interfering with the activities of other athletes will be sent home without refund.

I also give permission to CLT and any other affiliated approved third parties the right to film, photograph, alter photographs, or videotape the athlete. I give CLT all rights to use any videotape, footage, photographs and publications of the athlete in any promotional usage and/or any other means without compensation.

_____ _____
Signature of Parent / Guardian Date