

2020 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/Week (Great Value for the week) (Pack a lunch if participating in both camps AM and PM)
 Daily \$45 per camp

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

15th-19th 9:00-12:00pm – Cheer/Tumble
 15th-19th 1:00-4:00pm –Tumble
 22nd-26th 9:00-12:00pm – Tumble
 22nd-26th 1:00-4:00pm – Cheer/Tumble
 29th-July 3rd 9-12 Back Handspring
 29th-July 3rd 1-4 Tucks/Layout/Fulls

JULY

July 4-10 CLOSED

13th- 17th 9:00-12:00pm – Cheer/Tumble
 13th -17th 1:00-4:00pm – Tumble
 20th-24th 9:00-12:00pm – Tumble
 20th-24th 1:00-4:00pm – Cheer/Tumble
 27th-31st 9:00-12:00 Tumble
 27th-31st 1:00-4:00 High School Tryout Clinic

AUGUST

3rd-7th 9:00-12:00pm – **Middle School Cheer Tryout Clinic**
 3rd-7th 1:00-4:00pm Tumble

<u>Dates Registering:</u>	Month: _____	Date: _____	Time: _____
	Month: _____	Date: _____	Time: _____
	Month: _____	Date: _____	Time: _____
	Month: _____	Date: _____	Time: _____
	Month: _____	Date: _____	Time: _____

Method of Payment

_____ Name of Student Athlete	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa / MasterCard	TOTAL _____
_____ Birthdate/Grade/Age	_____ Credit Card #			
_____ Name of Parent/ Guardian	_____ 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.

Parent/ Guardian Contact #

Address

City State Zip

Email

Allergies

Insurance Company

Emergency Contact Name

Emergency Contact #

Camps are non-refundable or transferable

Signature of Parent / Guardian Date