

**2021 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**

\$145 Per Camp/Week (Great Value for the week) (Pack a lunch if participating in both camps AM and PM)  
 Daily \$50 per camp

**Camp Descriptions**

**Tumble Camps** – 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** – Cheer/Tumble Camps include tumbling, minimal stunting, jumps, motions, cheers, to stretching and conditioning. Getting ready for tryouts!

**Open Tumble:** Coaches will be available to help/spot as needed but the athletes will also be able to work on their own.

**Cheer/Tumble Camp Dates (Limited Space)**

**JULY**

**JUNE**

14<sup>th</sup>-18<sup>th</sup> 9:00-12:00pm – Cheer/ Tumble  
 14<sup>th</sup>-18<sup>th</sup> 1:00-4:00pm –Tumble  
 21<sup>st</sup>-25<sup>th</sup> 9:00-12:00pm – Tumble  
 21<sup>st</sup>-25<sup>th</sup> 1:00-4:00pm – Cheer/Tumble  
 28<sup>th</sup>-July 2<sup>nd</sup> 9-12 Back Handspring Tumble  
 28<sup>th</sup>-July 2<sup>nd</sup> 1-4 Tucks/Layout/Fulls Tumble

5<sup>th</sup>- 9<sup>th</sup> 9:00-12:00pm – Cheer/Tumble  
 5<sup>th</sup> -9<sup>th</sup> 1:00-4:00pm – Tumble  
 12<sup>th</sup>-16<sup>th</sup> 9:00-12:00pm – Tumble  
 12<sup>th</sup>-16<sup>th</sup> 1:00-4:00pm – Cheer/Tumble  
 19<sup>th</sup>-23<sup>rd</sup> 9:00-12:00pm Tumble  
 19<sup>th</sup>-23<sup>rd</sup> 1:00-4:00 High School Tryout Clinic  
 26<sup>th</sup>-30<sup>th</sup> 9:00-12:00pm Cheer  
 26<sup>th</sup>-30<sup>th</sup> 1:00-4:00pm Tumble

**AUGUST**

2<sup>nd</sup>-6<sup>th</sup> 9:00-12:00pm Cheer/Tumble Camp  
 2<sup>nd</sup>-6<sup>th</sup> 1:00-4:00pm Tumble  
  
 9<sup>th</sup>-13<sup>th</sup> or 16<sup>th</sup>-20<sup>th</sup>  
 10:00am-4:00pm **Open Gym**  
 \$10 per hour or \$50 per day

**Dates Registering:**      **Month:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_  
    **Month:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_  
    **Month:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_

**Please fill out completely**

Name \_\_\_\_\_  
 Age/Grade \_\_\_\_\_  
 Name of Parent \_\_\_\_\_  
 Parent/ Guardian Contact # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Emergency Contact # \_\_\_\_\_

**Due to limited space, Camps must be paid in full at the time of registration**

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 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.

**Camps are non-refundable  
 or transferable**

\_\_\_\_\_  
 Signature of Parent / Guardian      Date