

Tumbling Camp (1/2 Day)

August 8-12th, 2016

Registration Form and payment due by July 22, 2016

Monday-Friday 1:00-4:00pm Ages: 5+ Camp
Location: Tech Gymnastics

Are you interested in learning new tumbling skills this summer? Join us for our half day tumbling camp held here at Tech Gymnastics in Woodinville, WA. Coaching staff from Tech Gymnastics will provide an exciting and motivating environment for you. See camp levels below for more details regarding skills we will be working towards.

Registration Information:

Child's First Name: _____ Last Name: _____

Child's DOB: ____ / ____ / ____ Age: ____ T-Shirt Size: ____ (included in cost of camp)

Additional t-shirts may be purchased for \$15 each. Size: ____ QTY: ____

Address: _____ City/State/Zip: _____

Allergies / Medical Conditions:

Parent Name: _____ Phone: _____

Parent E-mail: _____

Emergency Contact (Name and Ph. #) – can be reached during camp.

PLEASE Circle your child's current tumbling level:

Class	Prerequisite Skills and Skill Focus
Beginner	An introductory course for anyone with less than one year of gymnastics training. Focus will be on the introduction of tumbling fundamentals and the development of general body awareness, strength and flexibility.
Novice	Prerequisite skills: previous gymnastics experience, forward roll, backward roll Skill focus: front and back walkovers, cartwheels, round-offs, introduction to front and back handsprings

Intermediate	Prerequisite Skills: strong cartwheels and round-offs, bridge kick-overs Skill focus: front handsprings, back handsprings, round-off back handsprings, introduction to front and back tucks.
Advanced	Prerequisite Skills: front handsprings, back handsprings, and round-off back handsprings performed independently (no spot needed) Skill focus: front tucks, back tucks, round-off back tucks, round-off back handspring back tucks
High Advanced	Prerequisite Skills: front tuck, round-off back tuck Skill focus: front and back lay-outs, pikes, and twisting moves (Arabians, ½ twists, full twists, 1½ twists, double full twists)

Mail or Fax Registration Forms:

Please make all checks payable to:

Evergreen Athletics, LLC

Attn: Rochelle Cecil – Summer Camps
15000 Woodinville-Redmond Rd NE, Suite 200
Woodinville, WA 98072

Phone: 425-486-7429

Fax: 425-486-7629

Email: Rochelle@techgymnastics.com

Cost: \$275/child – Due with registration

Extra T-Shirts \$15 each – Due with registration

**Early Bird Discount: \$15 off if paid in full by May 15th,
2015**

Sibling Discount: 10% off second registration (Discount applied to least expensive camp).

We accept cash, checks (Payable to: Evergreen Athletics LLC), or VISA/MC/AMEX/Discover.

Child's First Name: _____ Last Name: _____

General Waiver and Release

General: This is signed in consideration of allowing the above named student to enroll in a gymnastics program and for appropriate use of the premises of Tech Gymnastics. The undersigned, being the legal and acting guardians of the student, acting for themselves and on behalf of the student release and hold harmless Tech Gymnastics /Evergreen Athletics, Hot Dog USA, as well as it's owners, officers, and employees of and from any and all liability, claims, actions, and causes of actions whatsoever, arising out of or relating to any loss, damage, or injury, that may be sustained by the student while in, on, or upon the premises Tech Gymnastics, Lake Washington School District Property, or other spaces/facilities used/rented for said event, Jump Rope / Gymnastics Camp, August 8-12th, 2016.

Medical Attention: The undersigned, being duly aware of the risks and hazards inherent upon participation in the classes, activities, and events being conducted by Tech Gymnastics and Hot Dog USA, acting for themselves and the student, hereby elect voluntarily to enter upon the said premises under the control of said corporation, knowing the present condition. The undersigned, acting for themselves and the student, hereby voluntarily assume all risks of loss, damage, or injury that may be sustained by the student while in said premises described above. In the event of any incident which may require immediate medical/dental or any other emergency attention/care in which the Legal Guardians cannot be notified in a reasonable time through reasonable means, the undersigned hereby authorizes Tech Gymnastics to take all necessary actions as it relates to immediate medical/training attention, transportation, and emergency medical services as warranted in the course of care of the undersigned student. The undersigned is aware that they will be responsible for all fees and expense as they may relate to this medical attention paragraph.

Waiver and Release: I, _____ (**parent name**), am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics program. I further agree that Tech Gymnastics along with it's employees, agents, officers, and directors, shall not be liable for any losses, expenses, or damages occurring as a result of participation in the program and/or activities. Or event except where such loss or damage is the result or the intentional or reckless conduct of one of the groups or individuals identified above.

Acknowledgment: This release shall be binding upon distributives, heirs, next of kin, executors, and administrators of the student and the undersigned.

In signing this release, the undersigned hereby acknowledges:

- a. That he or she has read this release, understands it, and signs it voluntarily
- b. That the undersigned signing as legal guardian is truly a legal guardian.

Date: ____/____/____

Parent Signature: _____