

# C★ Legacy Track-out Camps

Spend your track-out learning and refining your tumbling skills (*i.e. cartwheels, round-offs, backhandsprings, fronthandspring, back and front tucks, fulls, etc.*), along with full fun activities; as well as making new friends.

- Enhancing** agility, flexibility, and strength
- Refining** fundamental tumbling skills
- Developing** endurance and balance
- Exercising** your body and mind, while making new friends

## Track-out Camp Schedule:

Call for availabilities  
Rachel @ 919-609-9628

*Camps with less than 5 kids will be canceled*

## Camp Times and Pricing:

Full Day: 8:00am – 4:00pm  
 Half Day: 9:00am – 12:00pm OR 1:00pm – 4:00pm  
 Full Day All Week: \$150      Per Day: \$10 per hour  
 Half Day All Week: \$115      Per Day: \$10 per hour  
 Late pickup available



# Track-out Registration Form

Name of Student Athlete \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home / Mobile / Emergency \_\_\_\_\_

Name of School \_\_\_\_\_

Allergies \_\_\_\_\_

Date / Dates Planning to Come \_\_\_\_\_

Time / Times Planning to Come \_\_\_\_\_

Total \$ \_\_\_\_\_

### Method of Payment

Check       Cash       Visa / MasterCard

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

### Waiver

The undersigned acknowledges that participating in any activities at Carolina Legacy All-Stars DBA comes with certain degree of risk of injury to the student athlete. I agree to assume all risks and hereby release CLA and any of the owners, employers, employees, management, assigned or contracted instructors, Inspire Athletics Cheer, 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. CLA expects all athletes to carry their own medical insurance, which is not provided by CLA. Student-athletes with severe behavioral issues interfering with the activities of other athletes will be sent home without refund.

I also give permission to CLA and any other affiliated approved third parties the right to film, photograph, alter photographs, or videotape the athlete. I give CLA 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 \_\_\_\_\_