2018 Summer Camp Registration Form

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

Carolina Legacy All-Stars

ATTN: Summer Camps

125 Quarrystone Circle Cary, NC 27519

$130 Per Camp (You may do 2 camps per week and pack your athlete a lunch in between camps)

Receive 10% off any additional camp/camps. (*To qualify for the 10% discount you must have full payment for all camps at time of registration*)

Camp Descriptions

Tumble Camps -- CLA 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 Camps -- CLA Cheer Camps include everything that is involved in cheering from tumbling, stunting, jumps, to learning various motions, cheers, and dances.

Cheer/Tumble Camp Dates

JUNE	JULY	AUGUST
11th – 15th 9:00-12:00pm - Cheer	9th – 13th 9:00-12:00pm – Tumble	July 30th – Aug 3rd 9:00-12:00pm - Cheer
11th – 15th 1:00-4:00pm –Tumble	9th – 13th 1:00-4:00pm – Cheer	July 30th – Aug 3rd 1:00-4:00pm - Tumble
18th – 22th 9:00-12:00pm – Tumble	16th – 20th 9:00-12:00pm - Cheer	6th –10th 9:00-12:00pm – Tumble
18th –22th 1:00-4:00pm – Cheer	16th – 20th 1:00-4:00pm – Tumble	6th – 10th 1:00-4:00pm – Cheer
25th –29st 9:00-12:00pm - Cheer	23rd - 27th 9:00-12:00pm – Tumble	13th –17th 9:00-12:00pm - Cheer
25th –29st 1:00-4:00pm – Tumble	23rd – 27th 1:00-4:00pm - Cheer	13th – 17th 1:00-4:00pm - Tumble
		20th – 24th 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 All-Stars 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 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. 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 Date