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**CAMP INFORMATION**

  **HOSTED BY KENTLAKE COACHES & THE FALCON GYMNASTICS TEAM**

 **THIS CAMP IS FOR KSD MIDDLE SCHOOL GYMNASTS**

 **EXPERIENCED COACHES AND JUDGES WILL BE ON SITE TO CRITIQUE ROUTINES**

**WHAT TO EXPECT**

 **IMPROVE YOUR SKILLS**

 **INCREASE YOU KNOWLEDGE**

 **GET EXTRA PRACTICE OVER WINTER BREAK**

2018

Kentlake

Falcon Gymnastics Clinic

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**HOW DO I REGISTER?**

1. **PLEASE FILL OUT THE REGISTRATION FORM AND WAIVER ON REVERSE SIDE OF THIS FLYER.**

2. **MAIL THE REGISTRATION AND FEES TO:**

**KENTLAKE HIGH SCHOOL**

**ATTN: KATHI ADDERSON**

**21401 SE FALCON WAY**

**KENT, WA 98042**

**3. PRE-REGISTRATION ENDS ON DECEMBER 19th. MUST BE DELIVERED TO KENTLAKE BY THAT DATE.**

**4. CHECKS PAYABLE TO KENTLAKE HS**



 December 27&28

10:30 am to 12:30 pm

Performance for family and friends at 12:00 on December 28th!!

**COST**

**REGISTERATION AND MONEY MUST BE RECEIVED BY THURSDAY 12/19/18**

**COST $35.00**

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**PARTICIPANT REGISTRATION**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE\_\_\_\_\_\_\_\_\_ SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**T-Shirt Size (adult S,M,L,XL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT (DURING CAMP) HOURS**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEST NUMBER TO CALL (CELL/HOME)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIABILITY RELEASE**

**I AGREE TO HOLD HARMLESS THE KENT SCHOOL DISTRICT, KENTLAKE COACHES AND EMPLOYEES, FROM ALL DEMANDS, CLAIMS, ACTIONS AND DAMAGES ARISING OUT OF INCIDENCE OCCURING DURING THE AFORMENTIONED ACTIVITY.**

**I UNDERSTAND THERE IS AN INHERENT RISK TO THIS ACTIVITY AND REALIZE INJURIES MAY OCCUR. MY CHILD IS COVERED WITH PERSONAL INSURANCE THAT WILL BE USED TO TREAT ANY INJURIES THAT MAY ARISE. BY SIGNING BELOW, I AM CLAIMING THIS INFORMATION TO BE TRUE AND UNDERSTOOD.**

**PARENT/GUARDIAN SIGNATURE:**

**X**

**QUESTIONS??**

**Email Coach Sheila at**

**Sheilaclark0930@gmail.com**

**\_\_\_\_\_\_\_ 1ST YEAR GYMNAST**

**\_\_\_\_\_\_\_ 2ND/3RD YEAR GYMNAST**

**\_\_\_\_\_\_ 4TH YEAR + GYMNAST**