

2016 FALCON GYMNASTICS CLINIC



December 28-30

10:30 am to 12:30 pm

Performance for family and
friends at 12:00 on
December 30th!!

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 YOUR KNOWLEDGE**
- ◇ **GET EXTRA PRACTICE OVER WINTER BREAK**



COST

REGISTRATION AND MONEY MUST BE
RECEIVED BY THURSDAY 12/15/16!

COST \$35.00



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 15TH. MUST BE DELIVERED TO KENTLAKE BY THAT DATE.
4. CHECKS PAYABLE TO KENTLAKE HS

PARTICIPANT REGISTRATION

NAME _____

AGE _____ SCHOOL _____

PARENT/GUARDIAN(s) _____

ADDRESS _____

PHONE(S) _____

EMAIL _____

EMERGENCY CONTACT (DURING CAMP) HOURS

NAME _____

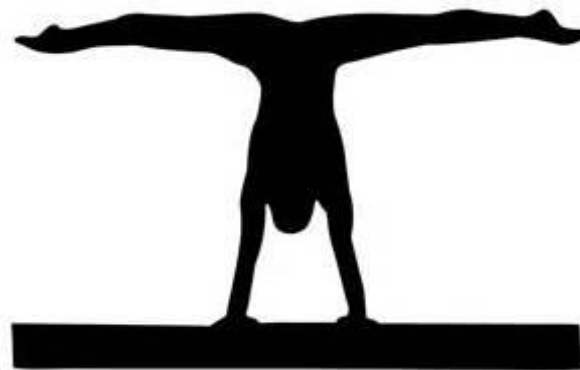
BEST NUMBER TO CALL (CELL/HOME) _____

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: _____



_____ 1ST YEAR GYMNAST

_____ 2ND/3RD YEAR GYMNAST

_____ 4TH YEAR + GYMNAST

QUESTIONS??

**Email Coach Sheila at
Sheilaclark0930@gmail.com**