

2012 Summer Camp Registration Form
Print and mail/bring with payment to: Carolina Legacy All-Stars
ATTN: Summer Camps
125 Quarrystone Circle
Cary, NC 27519

\$130 Per Weekly Cheer/ Tumble Camps -- \$165 Per Weekly Stunt Camps

Receive 20% off any additional camp/camps. *(To qualify for the 20% discount must have full payment at time of registration)*

Camp Dates (Please Circle Camp/Camps you wish to attend)

June 4th – June 8th 9-12pm **CHEER CAMP**
 June 4th – June 8th 1-4pm **TUMBLE CAMP**
 June 11th – June 15th 9-12pm **TUMBLE CAMP**
 June 11th – June 15th 1-4pm **CHEER CAMP**
 June 18th – June 22nd 9-12pm **STUNT CAMP**
 June 25th – June 29th 9-12pm **CHEER CAMP**
 July 2nd – July 6th **CLOSED**

July 9th – July 13th 1-4pm **CHEER CAMP**
 July 16th – July 20th 9-12pm **ALL-STAR CAMP**
 July 16th – July 20th 1-4pm **HIGH SCHOOL CAMP**
 July 23rd – July 27th 9-12pm **STUNT CAMP**
 July 23rd – July 27th 1-4 **MIDDLE SCHOOL CAMP**
 July 30th – August 3rd 9-12 **TUMBLE CAMP**
 July 30th – August 3rd 1-4pm **ALL-STAR CAMP**

August 6th – August 10th 9-12pm **CHEER CAMP**
 August 6th – August 10th 1-4pm **TUMBLE CAMP**
 August 13th – August 17th 9-12pm **CHEER CAMP**
 August 13th – August 17th 1-4pm **STUNT CAMP**
(All-stars ONLY)

 Name of Stunt Athlete

 Birthdate/Grade/Age

 Parent/ Guardian

 Contact #

 Address

 City State Zip

 Allergies

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.

Method of Payment

Check Cash Visa / MasterCard

 Credit Card #

 Exp. Date Security Code

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