



Trampoline & Tumbling Clinic

hosted by the A.A.U. Committee

Get R-E-A-D-Y for an Exciting, Fun-Filled Week-end!

What: A Trampoline & Tumbling Clinic for USTA & AAU Athletes
***Must be able to do a somi on trampoline and/or a handspring on floor. LIMITED TO THE FIRST 40 REGISTRANTS**

When: Memorial Day Week-end, May 25-27, 2012

Where: Canton YMCA, 1325 E Ash, Canton, IL 61520

Cost: AAU National Team - FREE
\$130 for clinic and 2 nights lodging
\$105 for clinic, no lodging
Everyone will receive a free t-shirt!

Coaches will be Debbie Barber, Jeri Inman, Paulette Konstantaras, Steve Landon, Jennifer Lacoste, Patti Lingenfelter, & Stella Sponsler

**PIT TRAMPOLINE - TUMBLING PIT - TUMBLE TRAK
LONG ROD FLOOR - EURO TRAMPOLINE & DOUBLE-MINI**

Friday, May 25	Check-in anytime after 5 p.m. with pizza at 8:30 p.m. and Open Work-out until 10 p.m.
Saturday, May 26	8 a.m. Breakfast 9 a.m. - noon Session I 12 noon Lunch 1 - 3 p.m. Session II 3 - 5 p.m. Free Time (Play Basketball or Swim) 5 p.m. Dinner 6 - 8 p.m. Session III 8 - 10 p.m. Open Work-out
Sunday, May 27	8 a.m. Breakfast 9 - 10 a.m. Free Time 10 a.m. Leave for home

***Parents who wish to stay overnight and eat with the athletes meals must pay \$20.**

***Parents who wish to chaperone and help will be free.**

To register, complete the enclosed form and return to Patti Lingenfelter with a postmark no later than May 15, 2012.

Clinic Registration Form

NAME: _____

CLUB: _____

PHONE # (with area code) _____

T-SHIRT SIZE: CHILD _____ ADULT _____

I will be staying overnight YES _____ NO _____

What you will need to bring:

- ★ personal toiletries
- ★ work-out clothes (no loose t-shirts, everything must be tucked in)
- ★ athletic braces, tape, under wrap
- ★ appropriate pajamas for mixed company (not skimpy or sheer)
- ★ sleeping bag (or air mattress) and pillow
- ★ swim suit, beach towel
- ★ money for food for lunch and dinner on Saturday

CHAPERONES: We will need at least three (3) chaperones to stay all night Friday & Saturday. Chaperones will not be charged for meals. We request that all chaperones not smoke or drink alcoholic beverages at any time around the athletes. If you are interested in serving as a chaperone, please sign below.

NAME: _____

PHONE # _____ T-SHIRT SIZE: _____

PARENT(S) - Attending, but NOT chaperoning:

The Super 8 Motel in Canton has rooms available. The telephone number is 309-647-1888 to make reservations.

TOTAL AMOUNT ENCLOSED: _____

Return to: **PATTI LINGENFELTER**
 PO BOX 135067
 CLERMONT FL 34713
 Phone: 863-420-3905
 Fax: 863-420-2050 - call to verify receipt
 Email: ustapatti@verizon.net - call to verify receipt

Make checks payable to A.A.U. T&T
DEADLINE: May 15, 2012 postmark

**CANTON FAMILY YMCA TUMBLING TORNADOS
TUMBLING & TRAMPOLINE
REGISTRATION & RELEASE FORM**

Name _____ Age _____

Address _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN:

Physician _____ Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

EMERGENCY MEDICAL CARE CONSENT FORM

Permission is granted for the YMCA Staff to provide emergency care for my child in the event of an emergency in which the parent cannot be contacted.

Signature _____ Date _____

RELEASE

I have voluntarily enrolled my child in a tumbling & trampoline camp or clinic which is being run by the YMCA Tumbling Tornados. As a part of the consideration for my enrollment in this program, I hereby covenant and agree not to hold the Canton Family YMCA or their agents and employees or any other person connected with the program responsible for any personal injuries, death or property damage arising from participation in the program and I hereby release and forever discharge the Canton Family YMCA, the YMCA Tumbling Tornados and their agents and employees or any other person connected with this program from any and all claims, demands, and damages of any kind, known or unknown, existing or arising in the future, resulting from or related to personal injuries, death, or property damage arising from my participation in the program.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Dated this _____ day of _____ 20 _____

Signature _____