



# 2018 Tumbling Clinics

## Aerial Clinic

July 18 & 19 6:00 PM – 7:30 PM

Fees: \$75

The aerial clinic is for junior to intermediate level tumblers looking to master their aerial. Students will learn basic aerial technique from preparation to landing while progressing across the mat. Students must have mastered cartwheels and round offs.

## Back Handspring Clinic

July 25 & 26 6:00 PM – 7:30 PM

Fees: \$75

The back handspring clinic is for junior to intermediate level tumblers who want to take their skills to the next level. Students will learn basic back handspring preparation and execution techniques and apply them to a back handspring. Students must have mastered standing backbends and back walkovers.

## Summer Clinic Registration

*All fees due in full with registration.*

Dancer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First

Clinic to Enroll In (Circle): **Aerial Clinic** **Back Handspring Clinic**

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

### Please fill out and sign the waiver below.

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, ("my Child") hereby give permission for my child to participate in all activities with Inspiring Dance LLC. I agree that we will comply with Inspiring Dance's rules, policies and procedures as they exist from time to time. I understand that dance instruction, performance, and related activities involve some risk of injury or harm, and I assume all liability (whether for injuries or otherwise) arising out of my child's participation in any such activities. I agree to indemnify and to hold Inspiring Dance and its owners and employees harmless from and against any and all liability, damages, costs, claims, and expenses incurred by any of them in connection with my child's participation in any Inspiring Dance activity. If Inspiring Dance determines that an injury suffered by my child requires medical attention, I understand that Inspiring Dance will make a reasonable effort to contact me. I hereby give permission for emergency medical treatment to be given to my child by providers chosen by Inspiring Dance, however, if that effort is unsuccessful. By signing below, I further bind myself, my child, and our respective heirs, executors, administrators, successors, and assigns.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2018. Parent or legal Guardian Signature \_\_\_\_\_