



# ROCKSTAR ATHLETICS SGV JUNIOR ALL-AMERICAN CHEER TUMBLING CLINIC

**LOCATION:** Rockstar Athletics Cheer Gym 5020 Heintz St. Unit A Baldwin Park, CA 91706

**\*\*\*There will only be 35 Available Spots per Class/Division\*\*\*  
Registration will be accepted on a First Come First Serve Basis  
All Classes will follow SGVJAAFC Division & Tumbling Guidelines**

<u>Division</u>	<u>Mascots</u>	<u>Gremlins</u>	<u>Jr. Pee Wees</u>	<u>Pee Wees</u>	<u>Jr. Midgets</u>	<u>Midgets</u>	<u>Back Handsprings Session 1</u>	<u>Back Handsprings Session 2</u>
<u>Day</u>	Saturday	Saturday	Saturday	Sunday	Sunday	Sunday	Sunday	Sunday
<u>Time</u>	12PM-2PM	2PM-4PM	4PM-6PM	8AM-10AM	10AM-12PM	12PM-2PM	2PM-4PM	4PM-6PM
<u>Class Schedule</u>	September 18, 25 October 2, 9, 16, 23 November 6, 13	September 18, 25 October 2, 9, 16, 23 November 6, 13	September 18, 25 October 2, 9, 16, 23 November 6, 13	September 19, 26 October 3, 10, 17, 24 November 7, 14	September 19, 26 October 3, 10, 17, 24 November 7, 14	September 19, 26 October 3, 10, 17, 24 November 7, 14	September 19, 26 October 3, 10, 17, 24 November 7, 14	September 19, 26 October 3, 10, 17, 24 November 7, 14

**\$120.00 Per Person** (Make Checks Payable To: **Rockstar Athletics**)

For more information please contact at: **(626) 856-8705** or email: **info@rockstarathletics.com**

**REGISTRATION DEADLINE: THURSDAY SEPTEMBER 16<sup>TH</sup>, 2010**

RETURN COMPLETED FORM TO:

Rockstar Athletics 5020 Heintz St. Unit A Baldwin Park, CA 91706

Class/Division (CIRCLE ONE):

MASCOTS    GREMLINS    JR. PEE WEES    PEE WEES    JR. MIDGETS    MIDGETS    B. HAND 1    B. HAND 2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Team/Squad \_\_\_\_\_

Parents Name \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
T-Shirt Size \_\_\_\_\_

I, the undersigned parent or legal guardian, grant permission for \_\_\_\_\_ Herein after referred to as "the participant" to participate in the Rockstar Athletics Cheer Tumbling Clinic at the Rockstar Athletics Cheer Gym under the direction of Rockstar Athletics and its officers. In order that the Participant may receive the necessary medical treatment in the event of an injury or illness, I hereby agree to any such medical treatment and hold Rockstar Athletics, Rockstar Athletics Cheer Gym, and its officers; including their administrators, representatives, and staff harmless in the exercise of this authority. I acknowledge and understand that the Participant may sustain serious, catastrophic physical injury, illness and/or death by participating in the Rockstar Athletics Cheer Tumbling Clinic. I further assume the risk of such injury, illness, and/or death and agree to allow participation. I agree and indemnify and hold harmless the Rockstar Athletics Cheer Tumbling Clinic, Rockstar Athletics Cheer Gym, Rockstar Athletics and its officers including their administrators, representatives and staff for any medical and/or legal cost which may arise due to injury, illness, and/or death sustained by the Participant.

Please list any medications the Participant is allergic to or is currently taking: \_\_\_\_\_

It is the responsibility of the Participant and the Participant's parent/guardian to insure that the Participant has their medication and is taking the required dosage.

**THERE IS A NO REFUND POLICY, ONCE CLASSES HAVE STARTED!**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date