

## 2008 Classes and Clinics

Summer Session begins week of May 11; Fall Session will begin week of September 1

### ★ TUMBLING TOTS

Ages 3-6

Cost: \$80 for 1 hour each week.

Thursdays from 10 am - 11:00 am

Session begins Thursday, May 15, 2008



This class will introduce participants to floor tumbling through the use of progressive skills and activity stations, emphasizing balance coordination, and basic motor skills. Skills covered are forward & backward roll, handstand, cartwheel, round-off, and front & back walkovers.

### ★ Intro to the BACK HANDSPRING

Ages 6-18

Cost: \$80 for ten week session

Fridays from 7 pm - 8 pm

Session begins Friday, May 16, 2008

This class will introduce participants to the proper mechanics of performing a standing back handspring.

### ★ The STANDING BACK HANDSPRING

Ages 6-18

Cost: \$80 for ten week session

Fridays from 7 pm - 8 pm

Session begins Friday, May 16, 2008

This class will reinforce the participants back handspring technique focusing on form and speed. Participants must have attended "Intro to the Back Handspring" or be able to demonstrate the proper mechanics of a standing back handspring with a spotter.



★ **ROUND-OFF BACK HANDSPRING**

**Ages 6-18**



**Cost: \$80 for ten week session**

**Fridays from 7 pm - 8 pm**

**Session begins Friday, May 16, 2008**

**This class will introduce participants to the proper mechanics of performing a round-off back handspring. Participants must be able to perform standing back handspring.**

- ★ **CHEER CLINIC - dates & info coming in May 2008**
- ★ **FLIGHT SCHOOL - dates & info coming in May 2008**
- ★ **DANCE CLINIC - dates & info coming in May 2008**

**All classes will take place at the CAS Gym located at 871 Keith Lane Suite 1 in Owings.**

**Class size is limited. Classes are scheduled on a "first come, first choice" basis. Pre-registration is required. Participants must submit completed registration forms and payment prior to participation in first class.**

**Please fill out the form below. Form may be emailed to [calvertallstars@verizon.net](mailto:calvertallstars@verizon.net); faxed to: 410-414-9353; or mailed to: CAS Cheer & Dance PO Box 24 Chesapeake Beach, Maryland 20732. Forms may also be dropped off at the CAS Gym located at 871 Keith Lane Suite 1 in Owings.**

**CAS Cheer & Dance Clinic & Class Registration Form**

<hr/> <b>Child's Name</b>	<hr/> <b>Date of Birth</b>		<b>M</b>	<b>F</b>
			<b>Sex</b>	
<hr/> <b>Parent's/Guardian's Name</b>		<hr/> <b>Parent's/Guardian's Name</b>		
<hr/> ( )	<hr/> ( )	<hr/> ( )	<hr/> ( )	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>	
<hr/> <b>Address</b>		<hr/> <b>Address</b>		
<hr/> <b>City, ST ZIP Code</b>		<hr/> <b>City, ST ZIP Code</b>		
<hr/> <b>Parent/Guardian's Email:</b>				

**Alternative Emergency Contacts**

<hr/> <b>Primary Emergency Contact</b>	<hr/> <b>Secondary Emergency Contact</b>
<hr/> ( )	<hr/> ( )
<b>Home Phone</b>	<b>Home Phone</b>
<hr/> ( )	<hr/> ( )
<b>Work Phone</b>	<b>Work Phone</b>
<hr/> <b>Address</b>	
<hr/> <b>Address</b>	
<hr/> <b>City, ST ZIP Code</b>	
<hr/> <b>City, ST ZIP Code</b>	

**Medical Information**

---

**Hospital/Clinic Preference**

---

<hr/> <b>Physician's Name</b>	<hr/> <b>Phone Number</b>
<hr/> <b>Insurance Company</b>	<hr/> <b>Policy Number</b>

---

**Allergies/Special Health Considerations**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <b>Parent's/Guardian's Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Parent's/Guardian's Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Witness Signature</b>	<hr/> <b>Date</b>



## Payment Information



- |  |                                 |                               |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Intro to the Back Handspring  | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> The Standing Back Handspring  | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> The Round-off Back Handspring | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Tumbling Tots                 | <input type="checkbox"/> Summer | <input type="checkbox"/> Fall |

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Method of Payment:

- Cash       Check       Charge

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Card Type: \_\_ Visa      \_\_ MasterCard      \_\_ American Express      \_\_ Discover

Amount to be charged: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_