**South Texas Camp of Champions- Winter Clinic**

Pat Montgomery 210-393-3551 Pmontgomery877@yahoo.com

Nancy Eisenhauer 361-937-4291 Twirlnancy@gmail.com

Major Margaret Mann 210-854-6818 marymann210@hotmail.com

Are you ready for the 2017 competitions? If the answer is NO, you need to be at this Winter Clinic! This motivational clinic is for two days then there will be an extra day for those wanting private lessons. Twirlers must attend the clinic in order to get the opportunity for private lessons. Fully registered consists of: deposit, registration form, and online submit of questionnaire.

[www.southtexascampofchampions.com](http://www.southtexascampofchampions.com)

Winter Clinic location: Thomas Jefferson High School, 723 Donaldson Ave, San Antonio TX

November 18-20= 8:30-4:00 (privates will be after- $50 to be paid directly to instructor)

November 21= privates will be all day ($50 to be paid directly to instructor)

**Registration Form**

Cost to be paid by **cashier’s check payable to Pat Montgomery (indicate below)**

**1 day=$110 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2 days= $195 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 days= $280**

22204 Old Fossil Rd, San Antonio TX 78261

Deposit (non-refundable) $100 due by November 10, 2017

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private lessons are available on a first come basis. Register early to get choice of instructors. If you wish to have private lessons with our instructors, list the name and time quantity below. Current instructors: please see instructors page on website.

**Instructor name: # of hour lessons (max 2 hr. per instructor)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Permission**

**ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS AGREEMENT**

I hereby expressly agree to indemnify, defend, and hold harmless “South Texas Camp of Champion” sole proprietorship, and its employees from all suits, actions, or claims of any character, type, or descriptions brought or made for or on account of any injuries, accidents, stolen or lost property or damages received or sustained by my child arising out of, or occasioned by the negligent acts of “South Texas Camp of Champions” Directors, instructors, and School District and its employees in connection with my child’s participation in the “South Texas Camp of Champions”. I understand the risks involved in the program. I recognize that the programs and its activities involve risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. Furthermore, I recognize that participation in the program involves activities and risks incidental thereto, including but not limited to, travel to and from classes, limited availability of medical assistance and the possible reckless conduct of other participants. If any medical treatment is needed for my child, I will assume the responsibility for the payment of any bills arising from such medical treatment.

I hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) in the event of accident, injury, sickness, etc., under the direction of any authorized member of a hospital staff or licensed medical professional until such time as I may be contacted.

I hereby give permission for my child to be photograph in a group picture for promotion of baton twirling or future camp. (CIRCLE ONE) **YES NO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Parent or Guardian’s Signature