



Presents the First

High-Tech Cheerleading Training Camp

January 4th, & 5th 2019

Join us for our first High-Tech Cheerleading Training Camp. In our gym you will find top of the line equipment and a great set up for both competition and school cheerleading! From **Beginner** to **Advanced**, during our 2-day (**3 training sessions**) camp we will challenge you to your limit by helping you master the skills you have and develop the skills you're learning. Whether you are working a back-handspring or a Double full, our coaches have you covered! Not only will you learn and improve, but you will also make new friends and have new experiences that you could only have in a camp setting like this! Not only is this a great camp for athletes, this is a great camp for coaches. This is a great place to share coaching ideas and techniques! All are welcome!

NOW TAKING REGISTRATIONS! CALL TODAY! SPACE IS LIMITED!

OUR FACILITY: 30,000 sq ft & Air Conditioned

- 4 Competitive Trampolines
- 2 In-ground competitive trampolines (one dismounting to a loose foam pit, 2 Above ground-platform deck, with one overhead spotting belt)
- 2 4x4 Euro Double-Mini Trampolines (full run spec landing zone/1 dismounting to loose foam a pit)
- Ross Double-Mini Trampoline dismounting to a landing zone
- 84' Rod Floor with a 31' run up dismounting to an In-ground Resi-Pit
- 3 Advanced Bungee Flip Systems
- 2 40x40 Spring floors
- 1 40x40 Cheer Floor
- 3 Tumble Tracks to a Landing Zone
- 1 Resi-Pit, and 2 Loose Foam Pits
- 2 Video Analyzing Stations

Camp Coaches:

- **Tyrell Noll** - He is an USAG Certified Professional and has been coaching at Gym Central for past 6 years working as a Gymnastics Team, Tumbling coach and Recreational Coach. He has Cheered competitively in High School, All-Star, and at the Collegiate Level earning him the National Tumbling and Jump champion from NCA 2008-2013. He has also been on So You Think You Can Dance 2 years in row landing in the top 100 males in the country.
- **Sena Tennon** - A coach at Midwest Cheer Elite in Xenia for the past 2 years and worked at the other locations in Lima and West Chester. Her experience cheering at the High school, Collegiate, and All-Star level has earned her 3 national titles, 4 regional titles, 3 state titles, and 4 GWOC central titles. Before becoming a coach, Sena was a level 5 all-star cheerleader and a level 7 Gymnast.
- **Brittney Reynolds** - She has been a coach at Midwest Cheer Elite in Xenia for 7 years and has also worked at Citywide Xtreme. She has experience cheering at the High School, and All-Star level. She is an amazing choreographer and dancer, as a coach she has taken her teams to both Summit and Worlds Championships.

ELIGIBILITY:

We recommend that you can do a ‘Round-off’ and have competitive or cheerleading experience to get the most from our camp. Must be in the 7th – 12th grade to participate.

<u>Friday January 4th</u>	<u>Saturday January 5th</u>	<u>Saturday January 5th</u>
Final Times To Be Announced 2:00 pm – 5:00 pm	Final Times To Be Announced 9 am – 12:00 pm Lunch is on us!	Final Times To Be Announced 1:30 pm – 2:30 pm

SCHEDULE: *(Detailed final schedule will be emailed prior to camp)*

LOCATION & CONTACT:

REGISTRATION: **Registration & payment deadline is December 1st. Space is limited.*

Cost: \$115 if you are registered before November 1st. After November 1st camp will cost \$125, Gymnastics Central members will receive 5% discount.



Athlete/Coach Registration

Last Name: _____

First Name: _____

Email

Street Address: _____

State: _____

City: _____

Zip: _____

Home Phone: _____

Date of Birth: _____ Age: _____

Father's Full Name: _____

Mother's Full Name: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

M Insurance Company: _____

Policy/Group #: _____

Club Information

Gym /Cheer Club: _____

Coach Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Club Phone: _____

I Compete/Train With: _____

I go to School at: _____

My Event experience: Tumbling: _____ Stunting: _____ Dance choreography: _____ Jumps: _____

Coach Referral: _____

MINOR WAIVER / RELEASE (Complete if students are under 18 years by parent or guardian)

MINOR WAIVER/RELEASE (Complete if students are under 18.)

I understand the sports of gymnastics, dance, tumbling, etc. involve certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks in behalf of my child. In consideration of your accepting my child as a student in your program, for myself, my heirs, my executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against High Tech Athletics LLC, its sponsors, agents, employees, representatives, successors, and assigns, (hereinafter collectively termed G.C), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless G.C. for any claims by me or my child arising out of participation in any program or otherwise at G.C. or at any other location during an event sponsored by G.C. Additionally, I hereby grant G.C. permission to render first aid emergency treatment which it considers necessary to my child while in attendance at G.C., or at any other location during an event sponsored by G.C. and release all rights and claims for damages which said child or I may have against G.C. in connection with the rendering of said first aid emergency treatment.

Signed _____ Date _____
(Parent or Guardian)

Consent for treatment for accident & illness

CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS

Hospitals require that parents or adult guardians must give written consent before treatment of a "minor" (person under the age of 18) may begin u n l e s s t h e s i t u a t i o n i s l i f e t h r e a t e n i n g

I understand that G.C.is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure physical fitness and capability to perform the gymnastics, tumbling, dance, or cheerleading involved in the programs offered by G.C. In the event of any emergency, I hereby give permission to the licenced physician selected by G.C. to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

(In this location, Gymnastics Central will contact Mercy Hospital in Anderson.)

Child's Name _____
Child's Name _____ Signed _____ Date _____
Child's Name _____ (Parent or Guardian)