



HEAT ATHLETIC CENTER

www.heatcheer.com

OFF SEASON SCHOOL TUMBLING/CONDITIONING CLASS

Spring Session: Feb 21st – May 22nd

No Classes: April 4th – 10th



- Don't let the skills you've worked so hard for disappear!
- Perfect chance to get you physically & mentally prepared for the upcoming season.
- The class will consist of strength, conditioning, and tumbling.

Day/Time: Thursday: 7:00pm – 8:15pm
 Saturday: 9:45am – 11:00am (or) 1:15pm – 2:30pm

Cost: \$179 per session - Once a week
Classes must have a minimum of 6 participants to run.
 Registration & payment required prior to first class.

Location: HEAT Athletic Center – W248 N5250 Executive Dr. #100, Sussex, WI 53089 (Hwy 164 and Hwy K)
(see website for map and details)

Questions? info@heatcheer.com

To Register Send form below with check payable to:

By Mail: HEAT Athletic Center – see address above

Online/Fax: Go to www.heatcheer.com to pay with credit or debit card via Google Checkout. Then print this form and fax to: (866) 214-3279.

Off Season School Tumbling/Conditioning Registration Form

****Both payment and registration form must be received in order to secure spot in class.**

Off Season School Tumbling/Conditioning Day: _____ Time: _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent: _____ Phones: _____

Email: _____

Liability Waiver and Indemnity Agreement:

As conditions of the participation of the student described above ("my child") in any of the programs conducted by Heat Athletic Center including but not limited to tumbling, gymnastics, cheerleading, stunting whether conducted on or off the premises of Heat Athletic Center, I agree to the following:

- I waive any claim for bodily injury, personal injury or property damage against Heat Athletic Center, its directors, employees, agents and insurers (collectively, "Heat Athletic Center"), and any owners or lessors of the premises and any equipment used in connection with any programs of Heat Athletic Center, arising out of our child's participation in any of the programs of Heat Athletic Center whether on or off Heat Athletic Center premises, or travel for the purpose of participating in any such programs or events.
- I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, any other family member, or myself.

This agreement shall remain in effect as long as and whenever our child participates in any activity at or with Heat Athletic Center. If this agreement is not effective to waive liability on behalf of our child, any other family member, or ourselves we further agree to indemnify Heat Athletic Center for its liability including all costs, fees, and expenses incurred by Heat Athletic Center in connection with such liability. My child is covered by my own personal medical insurance and I acknowledge that this is a condition of participation in Heat Athletic Center.

Authorization of Medical Care:

In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Parent Signature: _____ Date: _____

No Refunds for classes missed or dropping out of class. Credit will be issued for another class with a Doctor's note if student will miss 3 or more classes.