



# HEAT ATHLETIC CENTER

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

## Tumbling, Flexibility, & Strength

### Spring Session: Feb 21<sup>st</sup> – May 22<sup>nd</sup>

No classes: April 4<sup>th</sup> – April 10<sup>th</sup>



MONDAY		WEDNESDAY		THURSDAY		SATURDAY		SUNDAY	
Advanced	5-6pm	Advanced	4-5pm	Beginner	5-6pm	Beginner	10-11am	ALL STAR	TEAM
Beginner	6-7pm	Intermediate	5-6pm	Advanced	5:30-6:30pm	Advanced	10-11am	MEMBERS	ONLY!
Elite	6-7pm	Expert/FS	5-6pm	Elite	6-7pm	Intermediate	1:30-2:30	Intermediate	10-11am
Expert	7-8pm					Beginner	12-1pm	Beginner	5-6pm
Intermediate	7-8pm								

The skills listed for each class are what the class will be working on over the course of the session. In order to be enrolled in a class all of the skills in the lower level classes must be rated "satisfactory" in a prior tumbling class. If you have not attended one of our tumbling classes, or are not sure what class to enroll in we are more than happy to assess your skills to determine where you should be placed. Please email us to set up a time for skills assessment.

CLASS SKILLS		
<b>BEGINNER:</b>	Forward roll Handstand Cartwheel Round-off	Front walkover Back walkover Standing BHS w/light spot Running BHS w/light spot
<b>INTERMEDIATE:</b>	Standing BHS Round-off BHS Back walkover BHS Front walkover R-Off	Standing BHS series Round-off 2 BHS Round-off BHS BT
<b>ADVANCED:</b>	R-off BHS series R-off BT R-off BHS BT Front tuck	Standing BHS BT Standing tuck R-off BHS layout
<b>ELITE:</b>	R-off BHS layout Toe-touch tuck Punch front thru Cartwheel tuck	Standing series to layout R-off BHS full Standing series thru to full
<b>EXPERT:</b>	Arabian R-off BHS whip thru R-off BHS double One and a half thru	Standing full Standing series to double Standing Toe-touch full

CLASS DETAILS	
<b>Cost:</b>	\$168 per session - One class per week Classes must have a minimum of 6 participants to run.
	Registration & payment required prior to first class.
<b>Location:</b>	HEAT Athletic Center – W248 N5250 Executive Dr. #100, Sussex, WI 53089 (Hwy 164 and Hwy K) <i>(see website for map and details)</i>
<b>Questions?</b>	info@heatcheer.com
<b>To Register</b>	<b>Send form below with check payable to:</b>
<b>By Mail:</b>	HEAT Athletic Center – see address above
<b>Online/Fax:</b>	Go to <a href="http://www.heatcheer.com">www.heatcheer.com</a> to pay with credit or debit card via Google Checkout. Then return this form to the gym (or) fax to: (866)214-3279.

## TUMBLING REGISTRATION FORM

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

Spring Tumbling Class Day : \_\_\_\_\_ Time: \_\_\_\_\_ Level: \_\_\_\_\_

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.