

# STUNT CLINIC

Instructor: Elaine Deignan

This class will be taught based on ability. If you are a beginner, you will be taught the basics. You will learn the correct form and technique that is needed to be a safe and strong stunt group. If you are a more advanced stunt group, you will learn more difficult, new and creative stunts.

Each class will enroll no more than 2 stunt groups. Each stunt group will consist of 5 girls (1 top, 2 bases, 1 back spot and 1 front spot) you are responsible for putting together your own stunt group. Each class will be an hour long and will be held at a home in Fairport that will be decided at a later date. There are 2 class times available. If the instructor cancels a class, a make-up class will be rescheduled. If your stunt group can not attend class during your scheduled time, there will be no make-up class.

The cost is \$60.00 per participant. **All 5 individuals in the stunt group must fill out a registration form.** After receiving all 5 registration forms you will receive confirmation of your enrollment in the clinic. If your class time is not available, you will also be notified to see if there is another class time available.

Checks made payable to **Elaine Deignan**.

Mail **REGISTRATION FORMS** to:

**Elaine Deignan**

1342 Falling Waters Way

Webster, NY 14580

If you have any questions contact Elaine Deignan: 703-3234

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## REGISTRATION FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

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Please put an X in the box next to the session you would like to attend

Session 1

Tues – 6/17	<input type="checkbox"/>
Wed – 6/18	<input type="checkbox"/>
Mon – 6/23	<input type="checkbox"/>
Wed – 6/25	<input type="checkbox"/>
Fri – 6/27	<input type="checkbox"/>

Session 2

Tues – 7/8	<input type="checkbox"/>
Wed – 7/9	<input type="checkbox"/>
Thurs – 7/10	<input type="checkbox"/>
Mon – 7/14	<input type="checkbox"/>
Tues – 7/15	<input type="checkbox"/>

Session 3

Mon – 7/21	<input type="checkbox"/>
Tues – 7/22	<input type="checkbox"/>
Wed – 7/23	<input type="checkbox"/>
Mon – 7/28	<input type="checkbox"/>
Tues – 7/29	<input type="checkbox"/>

Please select a time: 4:00-5:00 \_\_\_\_\_ 4:45-5:45 \_\_\_\_\_

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List the 4 other people in your stunt group:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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I agree to pay \$60.00 for a 5 stunt classes. If a class is cancelled by the instructors, there will be a make-up class. If your stunt group can not come during your scheduled class there will be NO make up class. I also understand that stunting is a physical activity and there is a possibility that injuries may occur. I will not hold the instructors or the home owner responsible for injuries that may occur during the clinic.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
participant signature